

1 AGREEMENT FOR PROVISION OF
2 GENERAL POPULATION FULL SERVICE PARTNERSHIP SERVICES
3 BETWEEN
4 COUNTY OF ORANGE
5 AND
6 TELECARE CORPORATION

7 ~~JULY 1, 2017 THROUGH JUNE 30, 2020~~ JULY 1, 2020 THROUGH JUNE 30, 2021
8

9 THIS AGREEMENT entered into this 1st day of July 2017 (effective date), is by and between
10 the COUNTY OF ORANGE, a political subdivision of State of California (COUNTY), and TELECARE
11 CORPORATION, a California for profit corporation (CONTRACTOR). COUNTY and
12 CONTRACTOR may sometimes be referred to herein individually as "Party" or collectively as
13 "Parties". This Agreement shall be administered by the County of Orange Health Care Agency
14 (ADMINISTRATOR).
15

16 W I T N E S S E T H :
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18 WHEREAS, COUNTY wishes to contract with CONTRACTOR for the provision of General
19 Population Full Service Partnership Services described herein to the residents of Orange County; and

20 WHEREAS, CONTRACTOR is agreeable to the rendering of such services on the terms and
21 conditions hereinafter set forth:

22 NOW, THEREFORE, in consideration of the mutual covenants, benefits, and promises contained
23 herein, COUNTY and CONTRACTOR do hereby agree as follows:

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REFERENCED CONTRACT PROVISIONS

~~Term: July 1, 2017 through June 30, 2020~~

~~Period One means the period from July 1, 2017 through June 30, 2018~~

~~Period Two means the period from July 1, 2018 through June 30, 2019~~

~~Period Three means the period from July 1, 2019 through June 30, 2020~~

Term: July 1, 2017 through June 30, 2021

Period One means the period from July 1, 2017 through June 30, 2018

Period Two means the period from July 1, 2018 through June 30, 2019

Period Three means the period from July 1, 2019 through June 30, 2020

Period Four means the period from July 1, 2020 through June 30, 2021”

Maximum Obligation:

~~Period One Maximum Obligation: \$4,698,831~~

~~Period Two Maximum Obligation: 4,698,831~~

~~Period Three Maximum Obligation: 4,698,831~~

~~TOTAL MAXIMUM OBLIGATION: \$14,096,493~~

Maximum Obligation:

Period One Maximum Obligation: \$4,698,831

Period Two Maximum Obligation: \$4,698,831

Period Three Maximum Obligation: \$4,698,831

Period Four Maximum Obligation: \$4,698,831

TOTAL MAXIMUM OBLIGATION: \$18,795,324

Basis for Reimbursement: Actual Cost

Payment Method: Monthly in Arrears

CONTRACTOR DUNS Number: 07-654-7363

CONTRACTOR TAX ID Number: 94-1735271

Notices to COUNTY and CONTRACTOR:

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1 **COUNTY:** County of Orange
 2 Health Care Agency
 3 Contract Services
 4 405 West 5th Street, Suite 600
 5 Santa Ana, CA 92701-4637
 6

7 **CONTRACTOR:** Leslie Davis
 8 Senior Vice President, Chief Financial Officer
 9 Telecare Corporation
 10 1080 Marina Village Parkway, Suite 100
 11 Alameda, CA 94501
 12 ldavis@telecarecorp.com
 13 //

14 . ACRONYMS

15 The following standard definitions are for reference purposes only and may or may not apply in
 16 their entirety throughout this Agreement:

17	A. ARRA	American Recovery and Reinvestment Act
18	B. ASRS	Alcohol and Drug Programs Reporting System
19	C. AES	Advanced Encryption Standard
20	D. BCP	Business Continuity Plan
21	E. CCC	California Civil Code
22	F. CCR	California Code of Regulations
23	G. CD/DVD	Compact Disc/Digital Video or Versatile Disc
24	H. CEO	County Executive Office
25	I. CFR	Code of Federal Regulations
26	J. CIPA	California Information Practices Act
27	K. CHPP	COUNTY HIPAA Policies and Procedures
28	L. CHHS	California Health and Human Services Agency
29	M. CHS	Correctional Health Services
30	N. CMPPA	Computer Matching and Privacy Protection Act
31	O. COI	Certificate of Insurance
32	P. D/MC	Drug/Medi-Cal
33	Q. DHCS	Department of Health Care Services
34	R. DoD	US Department of Defense
35	S. DPFS	Drug Program Fiscal Systems
36	T. DRP	Disaster Recovery Plan
37	U. DRS	Designated Record Set

1	V. DSM	Diagnostic and Statistical Manual of Mental Disorders
2	W. DSM-IV	Diagnostic and Statistical Manual of Mental Disorders. 4th Edition
3	X. DSM-V	Diagnostic and Statistical Manual of Mental Disorders. 5th Edition
4	Y. FTE	Full Time Equivalent
5	Z. E-Mail	Electronic Mail
6	AA. EHR	Electronic Health Records
7	AB. ePHI	Electronic Protected Health Information
8	AC. FIPS	Federal Information Processing Standards
9	AD. GAAP	Generally Accepted Accounting Principles
10	AE. HCA	Health Care Agency
11	AF. HHS	Health and Human Services
12	AG. HIPAA	Health Insurance Portability and Accountability Act of 1996, Public
13		Law 104-191
14	AH. HSC	California Health and Safety Code
15	AI. ID	Identification
16	AJ. IEA	Information Exchange Agreement
17	AK. IRIS	Integrated Records and Information System
18	AL. ISO	Insurance Services Office
19	AM. MHP	Mental Health Plan
20	AN. NIST	National Institute of Standards and Technology
21	AO. NPI	National Provider Identifier
22	AP. NPP	Notice of Privacy Practices
23	AQ. OCJS	Orange County Jail System
24	AR. OCPD	Orange County Probation Department
25	AS. OCR	Office for Civil Rights
26	AT. OCSD	Orange County Sheriff's Department
27	AU. OIG	Office of Inspector General
28	AV. OMB	Office of Management and Budget
29	AW. OPM	Federal Office of Personnel Management
30	AX. PA DSS	Payment Application Data Security Standard
31	AY. PC	State of California Penal Code
32	AZ. PCI DSS	Payment Card Industry Data Security Standard
33	BA. PHI	Protected Health Information
34	BB. PI	Personal Information
35	BC. PII	Personally Identifiable Information
36	BD. P&P	Policy and Procedure
37	BE. PRA	Public Record Act

1	BF. SIR	Self-Insured Retention
2	BG. SSA	County of Orange Social Services Agency
3	BH. HITECH Act	The Health Information Technology for Economic and Clinical Health
4		Act, Public Law 111-005
5	BI. USC	United States Code
6	BJ. UOS	Units of Service
7	BK. WIC	State of California Welfare and Institutions Code

8

9 **II. ALTERATION OF TERMS**

10 A. This Agreement, together with Exhibits A, B, and C attached hereto and incorporated herein,
 11 fully expresses the complete understanding of COUNTY and CONTRACTOR with respect to the
 12 subject matter of this Agreement.

13 B. Unless otherwise expressly stated in this Agreement, no addition to, or alteration of the terms of
 14 this Agreement or any Exhibits, whether written or verbal, made by the parties, their officers, employees
 15 or agents shall be valid unless made in the form of a written amendment to this Agreement, which has
 16 been formally approved and executed by both parties.

17

18 **III. ASSIGNMENT OF DEBTS**

19 Unless this Agreement is followed without interruption by another Agreement between the parties
 20 hereto for the same services and substantially the same scope, at the termination of this Agreement,
 21 CONTRACTOR shall assign to COUNTY any debts owing to CONTRACTOR by or on behalf of
 22 persons receiving services pursuant to this Agreement. CONTRACTOR shall immediately notify by
 23 mail each of these persons, specifying the date of assignment, the County of Orange as assignee, and the
 24 address to which payments are to be sent. Payments received by CONTRACTOR from or on behalf of
 25 said persons, shall be immediately given to COUNTY.

26

27 **. COMPLIANCE**

28 A. COMPLIANCE PROGRAM - ADMINISTRATOR has established a Compliance Program for
 29 the purpose of ensuring adherence to all rules and regulations related to federal and state health care
 30 programs.

31 1. ADMINISTRATOR shall provide CONTRACTOR with a copy of the policies and
 32 procedures relating to ADMINISTRATOR's Compliance Program, Code of Conduct and access to
 33 General Compliance and Annual Provider Trainings.

34 2. CONTRACTOR has the option to provide ADMINISTRATOR with proof of its own
 35 Compliance Program, Code of Conduct and any Compliance related policies and procedures.
 36 CONTRACTOR's Compliance Program, Code of Conduct and any related policies and procedures shall
 37 be verified by ADMINISTRATOR's Compliance Department to ensure they include all required

1 elements by ADMINISTRATOR's Compliance Officer as described in this Paragraph IV
2 (COMPLIANCE). These elements include:

- 3 a. Designation of a Compliance Officer and/or compliance staff.
- 4 b. Written standards, policies and/or procedures.
- 5 c. Compliance related training and/or education program and proof of completion.
- 6 d. Communication methods for reporting concerns to the Compliance Officer.
- 7 e. Methodology for conducting internal monitoring and auditing.
- 8 f. Methodology for detecting and correcting offenses.
- 9 g. Methodology/Procedure for enforcing disciplinary standards.

10 3. If CONTRACTOR does not provide proof of its own Compliance program to
11 ADMINISTRATOR, CONTRACTOR shall acknowledge to comply with ADMINISTRATOR's
12 Compliance Program and Code of Conduct, the CONTRACTOR shall submit to the
13 ADMINISTRATOR within thirty (30) calendar days of execution of this Agreement a signed
14 acknowledgement that CONTRACTOR shall comply with ADMINISTRATOR's Compliance Program
15 and Code of Conduct.

16 4. If CONTRACTOR elects to have its own Compliance Program, Code of Conduct and any
17 Compliance related policies and procedures review by ADMINISTRATOR, then CONTRACTOR shall
18 submit a copy of its compliance Program, code of Conduct and all relevant policies and procedures to
19 ADMINISTRATOR within thirty (30) calendar days of execution of this Agreement.
20 ADMINISTRATOR's Compliance Officer, or designee, shall review said documents within a
21 reasonable time, which shall not exceed forty five (45) calendar days, and determine if
22 CONTRACTOR's proposed compliance program and code of conduct contain all required elements to
23 the ADMINISTRATOR's satisfaction as consistent with the HCA's Compliance Program and Code of
24 Conduct. ADMINISTRATOR shall inform CONTRACTOR of any missing required elements and
25 CONTRACTOR shall revise its compliance program and code of conduct to meet
26 ADMINISTRATOR's required elements within thirty (30) calendar days after ADMINISTRATOR's
27 Compliance Officer's determination and resubmit the same for review by the ADMINISTRATOR.

28 5. Upon written confirmation from ADMINISTRATOR's Compliance Officer that the
29 CONTRACTOR's compliance program, code of conduct and any Compliance related policies and
30 procedures contain all required elements, CONTRACTOR shall ensure that all Covered Individuals
31 relative to this Agreement are made aware of CONTRACTOR's compliance program, code of conduct,
32 related policies and procedures and contact information for the ADMINISTRATOR's Compliance
33 Program.

34 ~~B. SANCTION SCREENING—CONTRACTOR shall screen all Covered Individuals employed or~~
35 ~~retained to provide services related to this Agreement semi-annually to ensure that they are not~~
36 ~~designated as Ineligible Persons, as pursuant to this Agreement. Screening shall be conducted against~~
37 ~~the General Services Administration's Excluded Parties List System or System for Award Management,~~

~~the Health and Human Services/Office of Inspector General List of Excluded Individuals/Entities, and the California Medi-Cal Suspended and Ineligible Provider List and/or any other list or system as identified by the ADMINISTRATOR.~~

B. SANCTION SCREENING – CONTRACTOR shall screen all Covered Individuals employed or retained to provide services related to this Contract monthly to ensure that they are not designated as Ineligible Persons, as pursuant to this Contract. Screening shall be conducted against the General Services Administration's Excluded Parties List System or System for Award Management, the Health and Human Services/Office of Inspector General List of Excluded Individuals/Entities, and the California Medi-Cal Suspended and Ineligible Provider List, the Social Security Administration's Death Master File at date of employment, and/or any other list or system as identified by ADMINISTRATOR.

1. For purposes of this Paragraph IV (COMPLIANCE), Covered Individuals includes all employees, interns, volunteers, contractors, subcontractors, agents, and other persons who provide health care items or services or who perform billing or coding functions on behalf of ADMINISTRATOR. Notwithstanding the above, this term does not include part-time or per-diem employees, contractors, subcontractors, agents, and other persons who are not reasonably expected to work more than one hundred sixty (160) hours per year; except that any such individuals shall become Covered Individuals at the point when they work more than one hundred sixty (160) hours during the calendar year. CONTRACTOR shall ensure that all Covered Individuals relative to this Agreement are made aware of ADMINISTRATOR's Compliance Program, Code of Conduct and related policies and procedures (or CONTRACTOR's own compliance program, code of conduct and related policies and procedures if CONTRACTOR has elected to use its own).

2. An Ineligible Person shall be any individual or entity who:

a. is currently excluded, suspended, debarred or otherwise ineligible to participate in federal and state health care programs; or

b. has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the federal and state health care programs after a period of exclusion, suspension, debarment, or ineligibility.

3. CONTRACTOR shall screen prospective Covered Individuals prior to hire or engagement. CONTRACTOR shall not hire or engage any Ineligible Person to provide services relative to this Agreement.

4. CONTRACTOR shall screen all current Covered Individuals and subcontractors semi-annually to ensure that they have not become Ineligible Persons. CONTRACTOR shall also request that its subcontractors use their best efforts to verify that they are eligible to participate in all federal and State of California health programs and have not been excluded or debarred from participation in any federal or state health care programs, and to further represent to CONTRACTOR that they do not have any Ineligible Person in their employ or under contract.

5. Covered Individuals shall be required to disclose to CONTRACTOR immediately any

1 debarment, exclusion or other event that makes the Covered Individual an Ineligible Person.
 2 CONTRACTOR shall notify ADMINISTRATOR immediately if a Covered Individual providing
 3 services directly relative to this Agreement becomes debarred, excluded or otherwise becomes an
 4 Ineligible Person.

5 6. CONTRACTOR acknowledges that Ineligible Persons are precluded from providing
 6 federal and state funded health care services by contract with COUNTY in the event that they are
 7 currently sanctioned or excluded by a federal or state law enforcement regulatory or licensing agency.
 8 If CONTRACTOR becomes aware that a Covered Individual has become an Ineligible Person,
 9 CONTRACTOR shall remove such individual from responsibility for, or involvement with, COUNTY
 10 business operations related to this Agreement.

11 7. CONTRACTOR shall notify ADMINISTRATOR immediately if a Covered Individual or
 12 entity is currently excluded, suspended or debarred, or is identified as such after being sanction
 13 screened. Such individual or entity shall be immediately removed from participating in any activity
 14 associated with this Agreement. ADMINISTRATOR will determine appropriate repayment from, or
 15 sanction(s) to CONTRACTOR for services provided by ineligible person or individual.
 16 CONTRACTOR shall promptly return any overpayments within forty-five (45) business days after the
 17 overpayment is verified by ADMINISTRATOR.

18 C. GENERAL COMPLIANCE TRAINING – ADMINISTRATOR shall make General
 19 Compliance Training available to Covered Individuals.

20 1. CONTRACTORS that have acknowledged to comply with ADMINISTRATOR's
 21 Compliance Program shall use its best efforts to encourage completion by all Covered Individuals;
 22 provided, however, that at a minimum CONTRACTOR shall assign at least one (1) designated
 23 representative to complete the General Compliance Training when offered.

24 2. Such training will be made available to Covered Individuals within thirty (30) calendar
 25 days of employment or engagement.

26 3. Such training will be made available to each Covered Individual annually.

27 4. ADMINISTRATOR will track training completion while CONTRACTOR shall provide
 28 copies of training certification upon request.

29 5. Each Covered Individual attending a group training shall certify, in writing, attendance at
 30 compliance training. ADMINISTRATOR shall provide instruction on group training completion while
 31 CONTRACTOR shall retain the training certifications. Upon written request by ADMINISTRATOR,
 32 CONTRACTOR shall provide copies of the certifications.

33 D. SPECIALIZED PROVIDER TRAINING – ADMINISTRATOR shall make Specialized
 34 Provider Training, where appropriate, available to Covered Individuals.

35 1. CONTRACTOR shall ensure completion of Specialized Provider Training by all Covered
 36 Individuals relative to this Agreement. This includes compliance with federal and state health care
 37 //

1 program regulations and procedures or instructions otherwise communicated by regulatory agencies
2 including the Centers for Medicare and Medicaid Services or their agents.

3 2. Such training will be made available to Covered Individuals within thirty (30) calendar
4 days of employment or engagement.

5 3. Such training will be made available to each Covered Individual annually.

6 4. ADMINISTRATOR will track online completion of training while CONTRACTOR shall
7 provide copies of the certifications upon request.

8 5. Each Covered Individual attending a group training shall certify, in writing, attendance at
9 compliance training. ADMINISTRATOR shall provide instructions on completing the training in a
10 group setting while CONTRACTOR shall retain the certifications. Upon written request by
11 ADMINISTRATOR, CONTRACTOR shall provide copies of the certifications.

12 E. MEDICAL BILLING, CODING, AND DOCUMENTATION COMPLIANCE STANDARDS

13 1. CONTRACTOR shall take reasonable precautions to ensure that the coding of health care
14 claims, billings and/or invoices for same are prepared and submitted in an accurate and timely manner
15 and are consistent with federal, state and county laws and regulations. This includes compliance with
16 federal and state health care program regulations and procedures or instructions otherwise
17 communicated by regulatory agencies including the Centers for Medicare and Medicaid Services or
18 their agents.

19 2. CONTRACTOR shall not submit any false, fraudulent, inaccurate and/or fictitious claims
20 for payment or reimbursement of any kind.

21 3. CONTRACTOR shall bill only for those eligible services actually rendered which are also
22 fully documented. When such services are coded, CONTRACTOR shall use proper billing codes which
23 accurately describes the services provided and must ensure compliance with all billing and
24 documentation requirements.

25 4. CONTRACTOR shall act promptly to investigate and correct any problems or errors in
26 coding of claims and billing, if and when, any such problems or errors are identified.

27 5. CONTRACTOR shall promptly return any overpayments within forty-five (45) business
28 days after the overpayment is verified by the ADMINISTRATOR.

29 F. Failure to comply with the obligations stated in this Paragraph IV (COMPLIANCE) shall
30 constitute a breach of the Agreement on the part of CONTRACTOR and grounds for COUNTY to
31 terminate the Agreement. Unless the circumstances require a sooner period of cure, CONTRACTOR
32 shall have thirty (30) calendar days from the date of the written notice of default to cure any defaults
33 grounded on this Paragraph IV (COMPLIANCE) prior to ADMINITRATOR's right to terminate this
34 Agreement on the basis of such default.

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1 **V. CONFIDENTIALITY**

2 A. CONTRACTOR shall maintain the confidentiality of all records, including billings and any
3 audio and/or video recordings, in accordance with all applicable federal, state and county codes and
4 regulations, as they now exist or may hereafter be amended or changed.

5 1. CONTRACTOR acknowledges and agrees that all persons served pursuant to this
6 Agreement are clients of the Orange County Mental Health services system, and therefore it may be
7 necessary for authorized staff of ADMINISTRATOR to audit client files, or to exchange information
8 regarding specific clients with COUNTY or other providers of related services contracting with
9 COUNTY.

10 2. CONTRACTOR acknowledges and agrees that it shall be responsible for obtaining written
11 consents for the release of information from all persons served by CONTRACTOR pursuant to this
12 Agreement. Such consents shall be obtained by CONTRACTOR in accordance with CCC, Division 1,
13 Part 2.6, relating to confidentiality of medical information.

14 3. In the event of a collaborative service agreement between Mental Health services providers,
15 CONTRACTOR acknowledges and agrees that it is responsible for obtaining releases of information,
16 from the collaborative agency, for clients receiving services through the collaborative agreement.

17 B. Prior to providing any services pursuant to this Agreement, all members of the Board of
18 Directors or its designee or authorized agent, employees, consultants, subcontractors, volunteers and
19 interns of the CONTRACTOR shall agree, in writing, with CONTRACTOR to maintain the
20 confidentiality of any and all information and records which may be obtained in the course of providing
21 such services. This Agreement shall specify that it is effective irrespective of all subsequent
22 resignations or terminations of CONTRACTOR members of the Board of Directors or its designee or
23 authorized agent, employees, consultants, subcontractors, volunteers and interns.

24
25 **VI. CONFLICT OF INTEREST**

26 CONTRACTOR shall exercise reasonable care and diligence to prevent any actions or conditions that
27 could result in a conflict with COUNTY interests. In addition to CONTRACTOR, this obligation shall
28 apply to CONTRACTOR's employees, agents, and subcontractors associated with the provision of
29 goods and services provided under this Contract. CONTRACTOR's efforts shall include, but not be
30 limited to establishing rules and procedures preventing its employees, agents, and subcontractors from
31 providing or offering gifts, entertainment, payments, loans or other considerations which could be
32 deemed to influence or appear to influence COUNTY staff or elected officers in the performance of
33 their duties.”

34
35 **VII. COST REPORT**

36 A. CONTRACTOR shall submit separate Cost Reports for Period One, Period Two and Period
37 Three, or for a portion thereof, to COUNTY no later than sixty (60) calendar days following the period

1 for which they are prepared or termination of this Agreement. CONTRACTOR shall prepare the
 2 individual and/or consolidated Cost Report in accordance with all applicable federal, state and
 3 COUNTY requirements, GAAP and the Special Provisions Paragraph of this Agreement.
 4 CONTRACTOR shall allocate direct and indirect costs to and between programs, cost centers, services,
 5 and funding sources in accordance with such requirements and consistent with prudent business
 6 practice, which costs and allocations shall be supported by source documentation maintained by
 7 CONTRACTOR, and available at any time to ADMINISTRATOR upon reasonable notice. In the event
 8 CONTRACTOR has multiple Agreements for mental health services that are administered by HCA,
 9 consolidation of the individual Cost Reports into a single consolidated Cost Report may be required, as
 10 stipulated by ADMINISTRATOR. CONTRACTOR shall submit the consolidated Cost Report to
 11 COUNTY no later than five (5) business days following approval by ADMINISTRATOR of all
 12 individual Cost Reports to be incorporated into a consolidated Cost Report.

13 1. If CONTRACTOR fails to submit an accurate and complete individual and/or consolidated
 14 Cost Report within the time period specified above, ADMINISTRATOR shall have sole discretion to
 15 impose one or both of the following:

16 a. CONTRACTOR may be assessed a late penalty of five hundred dollars (\$500) for each
 17 business day after the above specified due date that the accurate and complete individual and/or
 18 consolidated Cost Report is not submitted. Imposition of the late penalty shall be at the sole discretion
 19 of the ADMINISTRATOR. The late penalty shall be assessed separately on each outstanding individual
 20 and/or consolidated Cost Report due COUNTY by CONTRACTOR.

21 b. ADMINISTRATOR may withhold or delay any or all payments due CONTRACTOR
 22 pursuant to any or all agreements between COUNTY and CONTRACTOR until such time that the
 23 accurate and complete individual and/or consolidated Cost Report is delivered to ADMINISTRATOR.

24 2. CONTRACTOR may request, in advance and in writing, an extension of the due date of the
 25 individual and/or consolidated Cost Report setting forth good cause for justification of the request.
 26 Approval of such requests shall be at the sole discretion of ADMINISTRATOR and shall not be
 27 unreasonably denied.

28 3. In the event that CONTRACTOR does not submit an accurate and complete individual
 29 and/or consolidated Cost Report within one hundred and eighty (180) calendar days following the
 30 termination of this Agreement, and CONTRACTOR has not entered into a subsequent or new
 31 agreement for any other services with COUNTY, then all amounts paid to CONTRACTOR by
 32 COUNTY during the term of the Agreement shall be immediately reimbursed to COUNTY.

33 B. The individual and/or consolidated Cost Report shall be the final financial and statistical report
 34 submitted by CONTRACTOR to COUNTY, and shall serve as the basis for final settlement to
 35 CONTRACTOR. CONTRACTOR shall document that costs are reasonable and allowable and directly
 36 or indirectly related to the services to be provided hereunder. The individual and/or consolidated Cost
 37 Report shall be the final financial record for subsequent audits, if any.

C. Final settlement shall be based upon the actual and reimbursable costs for services hereunder, less applicable revenues and any late penalty, not to exceed COUNTY's Maximum Obligation as set forth in the Referenced Contract Provisions of this Agreement. CONTRACTOR shall not claim expenditures to COUNTY which are not reimbursable pursuant to applicable federal, state and COUNTY laws, regulations and requirements. Any payment made by COUNTY to CONTRACTOR, which is subsequently determined to have been for an unreimbursable expenditure or service, shall be repaid by CONTRACTOR to COUNTY in cash, or other authorized form of payment, within thirty (30) calendar days of submission of the individual and/or consolidated Cost Report or COUNTY may elect to reduce any amount owed CONTRACTOR by an amount not to exceed the reimbursement due COUNTY.

D. Unless approved by ADMINISTRATOR, costs that exceed the Statewide Maximum Allowance (SMA) rates per Medi-Cal Unit of Services, as determined by the DHCS, shall be unreimbursable to CONTRACTOR.

E. In the event that CONTRACTOR is authorized to retain unanticipated revenues as described in the Budget Paragraph of Exhibit A to this Agreement, CONTRACTOR shall specify in the Cost Report the services rendered with such revenues.

F. All Cost Reports shall contain the following attestation, which may be typed directly on or attached to the Cost Report:

"I HEREBY CERTIFY that I have executed the accompanying Cost Report and supporting documentation prepared by _____ for the cost report period beginning _____ and ending _____ and that, to the best of my knowledge and belief, costs reimbursed through this Agreement are reasonable and allowable and directly or indirectly related to the services provided and that this Cost Report is a true, correct, and complete statement from the books and records of (provider name) in accordance with applicable instructions, except as noted. I also hereby certify that I have the authority to execute the accompanying Cost Report.

Signed _____
Name _____
Title _____
Date _____"

. DEBARMENT AND SUSPENSION CERTIFICATION

A. CONTRACTOR certifies that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency.

1 2. Have not within a three-year period preceding this Agreement been convicted of or had a
2 civil judgment rendered against them for commission of fraud or a criminal offense in connection with
3 obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract
4 under a public transaction; violation of federal or state antitrust statutes or commission of
5 embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or
6 receiving stolen property.

7 3. Are not presently indicted for or otherwise criminally or civilly charged by a federal, state,
8 or local governmental entity with commission of any of the offenses enumerated in Subparagraph A.2.
9 above.

10 4. Have not within a three-year period preceding this Agreement had one or more public
11 transactions (federal, state, or local) terminated for cause or default.

12 5. Shall not knowingly enter into any lower tier covered transaction with a person who is
13 proposed for debarment under federal regulations (i.e., 48 CFR Part 9, Subpart 9.4), debarred,
14 suspended, declared ineligible, or voluntarily excluded from participation in such transaction unless
15 authorized by the State of California.

16 6. Shall include without modification, the clause titled "Certification Regarding Debarment,
17 Suspension, Ineligibility, and Voluntary Exclusion Lower Tier Covered Transaction," (i.e., transactions
18 with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in
19 accordance with 2 CFR Part 376.

20 B. The terms and definitions of this paragraph have the meanings set out in the Definitions and
21 Coverage sections of the rules implementing 51 F.R. 6370.

22
23 **. DELEGATION, ASSIGNMENT AND SUBCONTRACTS**

24 A. CONTRACTOR may not delegate the obligations hereunder, either in whole or in part, without
25 prior written consent of COUNTY. CONTRACTOR shall provide written notification of
26 CONTRACTOR's intent to delegate the obligations hereunder, either in whole or part, to
27 ADMINISTRATOR not less than sixty (60) calendar days prior to the effective date of the delegation.
28 Any attempted assignment or delegation in derogation of this paragraph shall be void.

29 B. CONTRACTOR may not assign the rights hereunder, either in whole or in part, without the
30 prior written consent of COUNTY.

31 1. If CONTRACTOR is a nonprofit organization, any change from a nonprofit corporation to
32 any other corporate structure of CONTRACTOR, including a change in more than fifty percent (50%)
33 of the composition of the Board of Directors within a two (2) month period of time, shall be deemed an
34 assignment for purposes of this paragraph, unless CONTRACTOR is transitioning from a community
35 clinic/health center to a Federally Qualified Health Center and has been so designated by the Federal
36 Government. Any attempted assignment or delegation in derogation of this subparagraph shall be void.

37 //

1 2. If CONTRACTOR is a for-profit organization, any change in the business structure,
2 including but not limited to, the sale or transfer of more than ten percent (10%) of the assets or stocks of
3 CONTRACTOR, change to another corporate structure, including a change to a sole proprietorship, or a
4 change in fifty percent (50%) or more of Board of Directors or any governing body of CONTRACTOR
5 at one time shall be deemed an assignment pursuant to this paragraph. Any attempted assignment or
6 delegation in derogation of this subparagraph shall be void.

7 3. If CONTRACTOR is a governmental organization, any change to another structure,
8 including a change in more than fifty percent (50%) of the composition of its governing body (i.e. Board
9 of Supervisors, City Council, School Board) within a two (2) month period of time, shall be deemed an
10 assignment for purposes of this paragraph. Any attempted assignment or delegation in derogation of
11 this subparagraph shall be void.

12 4. Whether CONTRACTOR is a nonprofit, for-profit, or a governmental organization,
13 CONTRACTOR shall provide written notification of CONTRACTOR's intent to assign the obligations
14 hereunder, either in whole or part, to ADMINISTRATOR not less than sixty (60) calendar days prior to
15 the effective date of the assignment.

16 5. Whether CONTRACTOR is a nonprofit, for-profit, or a governmental organization,
17 CONTRACTOR shall provide written notification within thirty (30) calendar days to
18 ADMINISTRATOR when there is change of less than fifty percent (50%) of Board of Directors or any
19 governing body of CONTRACTOR at one time.

20 C. CONTRACTOR's obligations undertaken pursuant to this Agreement may be carried out by
21 means of subcontracts, provided such subcontracts are approved in advance, in writing by
22 ADMINISTRATOR, meet the requirements of this Agreement as they relate to the service or activity
23 under subcontract, and include any provisions that ADMINISTRATOR may require.

24 1. After approval of a subcontract, ADMINISTRATOR may revoke the approval of a
25 subcontract upon five (5) calendar days' written notice to CONTRACTOR if the subcontract
26 subsequently fails to meet the requirements of this Agreement or any provisions that
27 ADMINISTRATOR has required.

28 2. No subcontract shall terminate or alter the responsibilities of CONTRACTOR to COUNTY
29 pursuant to this Agreement.

30 3. ADMINISTRATOR may disallow, from payments otherwise due CONTRACTOR,
31 amounts claimed for subcontracts not approved in accordance with this paragraph.

32 4. This provision shall not be applicable to service agreements usually and customarily
33 entered into by CONTRACTOR to obtain or arrange for supplies, technical support, and professional
34 services provided by consultants.

35 //

36 //

37 //

DISPUTE RESOLUTION

A. The Parties shall deal in good faith and attempt to resolve potential disputes informally. If the dispute concerning a question of fact arising under the terms of this Contract is not disposed of in a reasonable period of time by the CONTRACTOR and the ADMINISTRATOR, such matter shall be brought to the attention of the County Purchasing Agent by way of the following process:

1. CONTRACTOR shall submit to the County Purchasing Agent a written demand for a final decision regarding the disposition of any dispute between the Parties arising under, related to, or involving this Contract, unless COUNTY, on its own initiative, has already rendered such a final decision.

2. CONTRACTOR's written demand shall be fully supported by factual information, and, if such demand involves a cost adjustment to the Contract, CONTRACTOR shall include with the demand a written statement signed by an authorized representative indicating that the demand is made in good faith, that the supporting data are accurate and complete, and that the amount requested accurately reflects the Contract adjustment for which CONTRACTOR believes COUNTY is liable.

B. Pending the final resolution of any dispute arising under, related to, or involving this Contract, CONTRACTOR agrees to proceed diligently with the performance of services secured via this Contract, including the delivery of goods and/or provision of services. CONTRACTOR's failure to proceed diligently shall be considered a material breach of this Contract.

C. Any final decision of COUNTY shall be expressly identified as such, shall be in writing, and shall be signed by a County Deputy Purchasing Agent or designee. If COUNTY fails to render a decision within ninety (90) calendar days after receipt of CONTRACTOR's demand, it shall be deemed a final decision adverse to CONTRACTOR's contentions.

D. This Contract has been negotiated and executed in the State of California and shall be governed by and construed under the laws of the State of California. In the event of any legal action to enforce or interpret this Contract, the sole and exclusive venue shall be a court of competent jurisdiction located in Orange County, California, and the Parties hereto agree to and do hereby submit to the jurisdiction of such court, notwithstanding Code of Civil Procedure Section 394. Furthermore, the Parties specifically agree to waive any and all rights to request that an action be transferred for adjudication to another county.

. EMPLOYEE ELIGIBILITY VERIFICATION

CONTRACTOR warrants that it shall fully comply with all federal and state statutes and regulations regarding the employment of aliens and others and to ensure that employees, subcontractors, and consultants performing work under this Agreement meet the citizenship or alien status requirements set forth in federal statutes and regulations. CONTRACTOR shall obtain, from all employees, subcontractors, and consultants performing work hereunder, all verification and other documentation of employment eligibility status required by federal or state statutes and regulations including, but not

1 limited to, the Immigration Reform and Control Act of 1986, 8 USC §1324 et seq., as they currently
 2 exist and as they may be hereafter amended. CONTRACTOR shall retain all such documentation for all
 3 covered employees, subcontractors, and consultants for the period prescribed by the law.

4 5 **XII. EQUIPMENT**

6 A. Unless otherwise specified in writing by ADMINISTRATOR, Equipment is defined as all
 7 property of a Relatively Permanent nature with significant value, purchased in whole or in part by
 8 ADMINISTRATOR to assist in performing the services described in this Agreement. “Relatively
 9 Permanent” is defined as having a useful life of one year or longer. Equipment which costs \$5,000 or
 10 over, including freight charges, sales taxes, and other taxes, and installation costs are defined as Capital
 11 Assets. Equipment which costs between \$600 and \$5,000, including freight charges, sales taxes and
 12 other taxes, and installation costs, or electronic equipment that costs less than \$600 but may contained
 13 PHI or PII, are defined as Controlled Equipment. Controlled Equipment includes, but is not limited to
 14 phones, tablets, audio/visual equipment, computer equipment, and lab equipment. The cost of
 15 Equipment purchased, in whole or in part, with funds paid pursuant to this Agreement shall be
 16 depreciated according to GAAP.

17 B. CONTRACTOR shall obtain ADMINISTRATOR’s prior written approval to purchase any
 18 Equipment with funds paid pursuant to this Agreement. Upon delivery of Equipment, CONTRACTOR
 19 shall forward to ADMINISTRATOR, copies of the purchase order, receipt, and other supporting
 20 documentation, which includes delivery date, unit price, tax, shipping and serial numbers.
 21 CONTRACTOR shall request an applicable asset tag for said Equipment and shall include each
 22 purchased asset in an Equipment inventory.

23 C. Upon ADMINISTRATOR’s prior written approval, CONTRACTOR may expense to
 24 COUNTY the cost of the approved Equipment purchased by CONTRACTOR. To “expense,” in
 25 relation to Equipment, means to charge the proportionate cost of Equipment in the fiscal year in which it
 26 is purchased. Title of expensed Equipment shall be vested with COUNTY.

27 D. CONTRACTOR shall maintain an inventory of all Equipment purchased in whole or in part
 28 with funds paid through this Agreement, including date of purchase, purchase price, serial number,
 29 model and type of Equipment. Such inventory shall be available for review by ADMINISTRATOR,
 30 and shall include the original purchase date and price, useful life, and balance of depreciated Equipment
 31 cost, if any.

32 E. CONTRACTOR shall cooperate with ADMINISTRATOR in conducting periodic physical
 33 inventories of all Equipment. Upon demand by ADMINISTRATOR, CONTRACTOR shall return any
 34 or all Equipment to COUNTY.

35 F. CONTRACTOR must report any loss or theft of Equipment in accordance with the procedure
 36 approved by ADMINISTRATOR and the Notices Paragraph of this Agreement. In addition,
 37 CONTRACTOR must complete and submit to ADMINISTRATOR a notification form when items of

1 Equipment are moved from one location to another or returned to COUNTY as surplus.

2 G. Unless this Agreement is followed without interruption by another agreement between the
3 parties for substantially the same type and scope of services, at the termination of this Agreement for
4 any cause, CONTRACTOR shall return to COUNTY all Equipment purchased with funds paid through
5 this Agreement.

6 H. CONTRACTOR shall maintain and administer a sound business program for ensuring the
7 proper use, maintenance, repair, protection, insurance, and preservation of COUNTY Equipment.

8
9 **. FACILITIES, PAYMENTS AND SERVICES**

10 A. CONTRACTOR agrees to provide the services, staffing, facilities, and supplies in accordance
11 with this Agreement. COUNTY shall compensate, and authorize, when applicable, said services.
12 CONTRACTOR shall operate continuously throughout the term of this Agreement with at least the
13 minimum number and type of staff which meet applicable federal and state requirements, and which are
14 necessary for the provision of the services hereunder.

15 B. In the event that CONTRACTOR is unable to provide the services, staffing, facilities, or
16 supplies as required, ADMINISTRATOR may, at its sole discretion, reduce the Maximum Obligation
17 for the appropriate Period as well as the Total Maximum Obligation. The reduction of the Maximum
18 Obligation for the appropriate Period as well as the Total Maximum Obligation shall be in an amount
19 proportionate to the number of days in which CONTRACTOR was determined to be unable to provide
20 services, staffing, facilities or supplies.

21
22 **XIV. INDEMNIFICATION AND INSURANCE**

23 A. CONTRACTOR agrees to indemnify, defend with counsel approved in writing by COUNTY,
24 and hold COUNTY, its elected and appointed officials, officers, employees, agents and those special
25 districts and agencies for which COUNTY's Board of Supervisors acts as the governing Board
26 ("COUNTY INDEMNITEES") harmless from any claims, demands or liability of any kind or nature,
27 including but not limited to personal injury or property damage, arising from or related to the services,
28 products or other performance provided by CONTRACTOR pursuant to this Agreement. If judgment is
29 entered against CONTRACTOR and COUNTY by a court of competent jurisdiction because of the
30 concurrent active negligence of COUNTY or COUNTY INDEMNITEES, CONTRACTOR and
31 COUNTY agree that liability will be apportioned as determined by the court. Neither Party shall
32 request a jury apportionment.

33 B. Prior to the provision of services under this Agreement, CONTRACTOR agrees to purchase all
34 required insurance at CONTRACTOR's expense, including all endorsements required herein, necessary
35 to satisfy COUNTY that the insurance provisions of this Agreement have been complied with.
36 CONTRACTOR agrees to keep such insurance coverage, Certificates of Insurance, and endorsements
37 on deposit with COUNTY during the entire term of this Agreement. In addition, all subcontractors

1 performing work on behalf of CONTRACTOR pursuant to this Agreement shall obtain insurance
2 subject to the same terms and conditions as set forth herein for CONTRACTOR.

3 C. CONTRACTOR shall ensure that all subcontractors performing work on behalf of
4 CONTRACTOR pursuant to this Agreement shall be covered under CONTRACTOR's insurance as an
5 Additional Insured or maintain insurance subject to the same terms and conditions as set forth herein for
6 CONTRACTOR. CONTRACTOR shall not allow subcontractors to work if subcontractors have less
7 than the level of coverage required by COUNTY from CONTRACTOR under this Agreement. It is the
8 obligation of CONTRACTOR to provide notice of the insurance requirements to every subcontractor
9 and to receive proof of insurance prior to allowing any subcontractor to begin work. Such proof of
10 insurance must be maintained by CONTRACTOR through the entirety of this Agreement for inspection
11 by COUNTY representative(s) at any reasonable time.

12 D. All SIRs and deductibles shall be clearly stated on the COI. If no SIRs or deductibles apply,
13 indicate this on the COI with a zero (0) by the appropriate line of coverage. Any SIR or deductible in an
14 amount in excess of \$50,000 (\$5,000 for automobile liability) shall specifically be approved by the
15 CEO/Office of Risk Management upon review of CONTRACTOR's current audited financial report. If
16 CONTRACTOR's SIR is approved, CONTRACTOR, in addition to, and without limitation of, any
17 other indemnity provision(s) in this Agreement, agrees to all of the following:

18 1. In addition to the duty to indemnify and hold the COUNTY harmless against any and all
19 liability, claim, demand or suit resulting from CONTRACTOR's, its agents, employee's or
20 subcontractor's performance of this Agreement, CONTRACTOR shall defend the COUNTY at its sole
21 cost and expense with counsel approved by Board of Supervisors against same; and

22 2. CONTRACTOR's duty to defend, as stated above, shall be absolute and irrespective of any
23 duty to indemnify or hold harmless; and

24 3. The provisions of California Civil Code Section 2860 shall apply to any and all actions to
25 which the duty to defend stated above applies, and the CONTRACTOR's SIR provision shall be
26 interpreted as though the CONTRACTOR was an insurer and the COUNTY was the insured.

27 E. If CONTRACTOR fails to maintain insurance as required in this Paragraph XII
28 (INDEMNIFICATION AND INSURANCE) for the full term of this Agreement, such failure shall
29 constitute a breach of CONTRACTOR's obligation hereunder and grounds for COUNTY to terminate
30 this Agreement.

31 F. QUALIFIED INSURER

32 1. The policy or policies of insurance must be issued by an insurer with a minimum rating of
33 A- (Secure A.M. Best's Rating) and VIII (Financial Size Category as determined by the most current
34 edition of the Best's Key Rating Guide/Property-Casualty/United States or ambest.com). It is preferred,
35 but not mandatory, that the insurer be licensed to do business in the state of California (California
36 Admitted Carrier).

37 //

1 2. If the insurance carrier does not have an A.M. Best Rating of A-/VIII, the CEO/Office of
 2 Risk Management retains the right to approve or reject a carrier after a review of the company's
 3 performance and financial ratings.

4 G. The policy or policies of insurance maintained by CONTRACTOR shall provide the minimum
 5 limits and coverage as set forth below:

<u>Coverage</u>	<u>Minimum Limits</u>
Commercial General Liability	\$1,000,000 per occurrence \$2,000,000 aggregate
Automobile Liability including coverage for owned, non-owned and hired vehicles	\$1,000,000 per occurrence
Workers' Compensation	Statutory
Employers' Liability Insurance	\$1,000,000 per occurrence
Network Security & Privacy Liability	\$1,000,000 per claims made
Professional Liability Insurance	\$1,000,000 per claims made \$1,000,000 aggregate
Sexual Misconduct Liability	\$1,000,000 per occurrence

26 H. REQUIRED COVERAGE FORMS

27 1. The Commercial General Liability coverage shall be written on ISO form CG 00 01, or a
 28 substitute form providing liability coverage at least as broad.

29 2. The Business Automobile Liability coverage shall be written on ISO form CA 00 01,
 30 CA 00 05, CA 00 12, CA 00 20, or a substitute form providing coverage at least as broad.

31 I. REQUIRED ENDORSEMENTS

32 1. The Commercial General Liability policy shall contain the following endorsements, which
 33 shall accompany the COI:

34 a. An Additional Insured endorsement using ISO form CG 20 26 04 13 or a form at least
 35 as broad naming the County of Orange, its elected and appointed officials, officers, employees, and
 36 agents as Additional Insureds, or provide blanket coverage, which will state **AS REQUIRED BY**
 37 **WRITTEN AGREEMENT.**

1 b. A primary non-contributing endorsement using ISO form CG 20 01 04 13, or a form at
2 least as broad evidencing that the CONTRACTOR's insurance is primary and any insurance or self-
3 insurance maintained by the County of Orange shall be excess and non-contributing.

4 2. The Network Security and Privacy Liability policy shall contain the following
5 endorsements which shall accompany the Certificate of Insurance:

6 a. An Additional Insured endorsement naming the County of Orange, its elected and
7 appointed officials, officers, agents and employees as Additional Insureds for its vicarious liability.

8 b. A primary and non-contributing endorsement evidencing that the Contractor's
9 insurance is primary and any insurance or self-insurance maintained by the County of Orange shall be
10 excess and non-contributing.

11 J. All insurance policies required by this Agreement shall waive all rights of subrogation against
12 the County of Orange, its elected and appointed officials, officers, agents and employees when acting
13 within the scope of their appointment or employment.

14 K. The Workers' Compensation policy shall contain a waiver of subrogation endorsement waiving
15 all rights of subrogation against the County of Orange, its elected and appointed officials, officers,
16 agents and employees, or provide blanket coverage, which will state ***AS REQUIRED BY WRITTEN***
17 ***AGREEMENT.***

18 L. CONTRACTOR shall notify COUNTY in writing within thirty (30) days of any policy
19 cancellation and within ten (10) days for non-payment of premium and provide a copy of the
20 cancellation notice to COUNTY. Failure to provide written notice of cancellation shall constitute a
21 breach of CONTRACTOR's obligation hereunder and ground for COUNTY to terminate this
22 Agreement.

23 M. If CONTRACTOR's Professional Liability and/or Network Security & Privacy Liability are
24 "Claims Made" policy(ies), CONTRACTOR shall agree to maintain coverage for two (2) years
25 following the completion of the Agreement.

26 N. The Commercial General Liability policy shall contain a "severability of interests" clause also
27 known as a "separation of insureds" clause (standard in the ISO CG 0001 policy).

28 O. COUNTY expressly retains the right to require CONTRACTOR to increase or decrease
29 insurance of any of the above insurance types throughout the term of this Agreement. Any increase or
30 decrease in insurance will be as deemed by County of Orange Risk Manager as appropriate to
31 adequately protect COUNTY.

32 P. COUNTY shall notify CONTRACTOR in writing of changes in the insurance requirements. If
33 CONTRACTOR does not deposit copies of acceptable COIs and endorsements with COUNTY
34 incorporating such changes within thirty (30) calendar days of receipt of such notice, such failure shall
35 constitute a breach of CONTRACTOR's obligation hereunder and ground for termination of this
36 Agreement by COUNTY.

37 //

1 Q. The procuring of such required policy or policies of insurance shall not be construed to limit
 2 CONTRACTOR's liability hereunder nor to fulfill the indemnification provisions and requirements of
 3 this Agreement, nor act in any way to reduce the policy coverage and limits available from the insurer.

4 R. SUBMISSION OF INSURANCE DOCUMENTS

5 1. The COI and endorsements shall be provided to COUNTY as follows:
 6 a. Prior to the start date of this Agreement.
 7 b. No later than the expiration date for each policy.
 8 c. Within thirty (30) calendar days upon receipt of written notice by COUNTY regarding
 9 changes to any of the insurance types as set forth in Subparagraph G, above.

10 2. The COI and endorsements shall be provided to the COUNTY at the address as specified in
 11 the Referenced Contract Provisions of this Agreement.

12 3. If CONTRACTOR fails to submit the COI and endorsements that meet the insurance
 13 provisions stipulated in this Agreement by the above specified due dates, ADMINISTRATOR shall
 14 have sole discretion to impose one or both of the following:

15 a. ADMINISTRATOR may withhold or delay any or all payments due CONTRACTOR
 16 pursuant to any and all Agreements between COUNTY and CONTRACTOR until such time that the
 17 required COI and endorsements that meet the insurance provisions stipulated in this Agreement are
 18 submitted to ADMINISTRATOR.

19 b. CONTRACTOR may be assessed a penalty of one hundred dollars (\$100) for each late
 20 COI or endorsement for each business day, pursuant to any and all Agreements between COUNTY and
 21 CONTRACTOR, until such time that the required COI and endorsements that meet the insurance
 22 provisions stipulated in this Agreement are submitted to ADMINISTRATOR.

23 c. If CONTRACTOR is assessed a late penalty, the amount shall be deducted from
 24 CONTRACTOR's monthly invoice.

25 4. In no cases shall assurances by CONTRACTOR, its employees, agents, including any
 26 insurance agent, be construed as adequate evidence of insurance. COUNTY will only accept valid COIs
 27 and endorsements, or in the interim, an insurance binder as adequate evidence of insurance coverage.
 28

29 **XV. INSPECTIONS AND AUDITS**

30 A. ADMINISTRATOR, any authorized representative of COUNTY, any authorized representative
 31 of the State of California, the Secretary of the United States Department of Health and Human Services,
 32 the Comptroller General of the United States, or any other of their authorized representatives, shall have
 33 access to any books, documents, and records, including but not limited to, financial statements, general
 34 ledgers, relevant accounting systems, medical and client records, of CONTRACTOR that are directly
 35 pertinent to this Agreement, for the purpose of responding to a beneficiary complaint or conducting an
 36 audit, review, evaluation, or examination, or making transcripts during the periods of retention set forth
 37 in the Records Management and Maintenance Paragraph of this Agreement. Such persons may at all

1 reasonable times inspect or otherwise evaluate the services provided pursuant to this Agreement, and the
2 premises in which they are provided.

3 B. CONTRACTOR shall actively participate and cooperate with any person specified in
4 Subparagraph A. above in any evaluation or monitoring of the services provided pursuant to this
5 Agreement, and shall provide the above-mentioned persons adequate office space to conduct such
6 evaluation or monitoring.

7 C. AUDIT RESPONSE

8 1. Following an audit report, in the event of non-compliance with applicable laws and
9 regulations governing funds provided through this Agreement, COUNTY may terminate this Agreement
10 as provided for in the Termination Paragraph or direct CONTRACTOR to immediately implement
11 appropriate corrective action. A plan of corrective action shall be submitted to ADMINISTRATOR in
12 writing within thirty (30) calendar days after receiving notice from ADMINISTRATOR.

13 2. If the audit reveals that money is payable from one party to the other, that is, reimbursement
14 by CONTRACTOR to COUNTY, or payment of sums due from COUNTY to CONTRACTOR, said
15 funds shall be due and payable from one party to the other within sixty (60) calendar days of receipt of
16 the audit results. If reimbursement is due from CONTRACTOR to COUNTY, and such reimbursement
17 is not received within said sixty (60) calendar days, COUNTY may, in addition to any other remedies
18 provided by law, reduce any amount owed CONTRACTOR by an amount not to exceed the
19 reimbursement due COUNTY.

20 D. CONTRACTOR shall retain a licensed certified public accountant, who will prepare an annual
21 Single Audit as required by 31 USC 7501 – 7507, as well as its implementing regulations under 2 CFR
22 Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal
23 Awards. CONTRACTOR shall forward the Single Audit to ADMINISTRATOR within fourteen (14)
24 calendar days of receipt.

25 E. CONTRACTOR shall forward to ADMINISTRATOR a copy of any audit report within
26 fourteen (14) calendar days of receipt. Such audit shall include, but not be limited to, management,
27 financial, programmatic or any other type of audit of CONTRACTOR's operations, whether or not the
28 cost of such operation or audit is reimbursed in whole or in part through this Agreement.

29
30 **XVI. LICENSES AND LAWS**

31 A. CONTRACTOR, its officers, agents, employees, affiliates, and subcontractors shall, throughout
32 the term of this Agreement, maintain all necessary licenses, permits, approvals, certificates,
33 accreditations, waivers, and exemptions necessary for the provision of the services hereunder and
34 required by the laws, regulations and requirements of the United States, the State of California,
35 COUNTY, and all other applicable governmental agencies. CONTRACTOR shall notify
36 ADMINISTRATOR immediately and in writing of its inability to obtain or maintain, irrespective of the

37 //

1 pendency of any hearings or appeals, permits, licenses, approvals, certificates, accreditations, waivers
2 and exemptions. Said inability shall be cause for termination of this Agreement.

3 B. ENFORCEMENT OF CHILD SUPPORT OBLIGATIONS

4 1. CONTRACTOR agrees to furnish to ADMINISTRATOR within thirty (30) calendar days
5 of the award of this Agreement:

6 a. In the case of an individual contractor, his/her name, date of birth, social security
7 number, and residence address;

8 b. In the case of a contractor doing business in a form other than as an individual, the
9 name, date of birth, social security number, and residence address of each individual who owns an
10 interest of ten percent (10%) or more in the contracting entity;

11 c. A certification that CONTRACTOR has fully complied with all applicable federal and
12 state reporting requirements regarding its employees;

13 d. A certification that CONTRACTOR has fully complied with all lawfully served Wage
14 and Earnings Assignment Orders and Notices of Assignment, and will continue to so comply.

15 2. Failure of CONTRACTOR to timely submit the data and/or certifications required by
16 Subparagraphs 1.a., 1.b., 1.c., or 1.d. above, or to comply with all federal and state employee reporting
17 requirements for child support enforcement, or to comply with all lawfully served Wage and Earnings
18 Assignment Orders and Notices of Assignment, shall constitute a material breach of this Agreement;
19 and failure to cure such breach within sixty (60) calendar days of notice from COUNTY shall constitute
20 grounds for termination of this Agreement.

21 3. It is expressly understood that this data will be transmitted to governmental agencies
22 charged with the establishment and enforcement of child support orders, or as permitted by federal
23 and/or state statute.

24 C. CONTRACTOR shall comply with all applicable governmental laws, regulations, and
25 requirements as they exist now or may be hereafter amended or changed. These laws, regulations, and
26 requirements shall include, but not be limited to, the following:

- 27 1. ARRA of 2009.
- 28 2. WIC, Division 5, Community Mental Health Services.
- 29 3. WIC, Division 6, Admissions and Judicial Commitments.
- 30 4. WIC, Division 7, Mental Institutions.
- 31 5. HSC, §§1250 et seq., Health Facilities.
- 32 6. PC, §§11164-11174.3, Child Abuse and Neglect Reporting Act.
- 33 7. CCR, Title 9, Rehabilitative and Developmental Services.
- 34 8. CCR, Title 17, Public Health.
- 35 9. CCR, Title 22, Social Security.
- 36 10. CFR, Title 42, Public Health.
- 37 11. CFR, Title 45, Public Welfare.

- 1 12. USC Title 42. Public Health and Welfare.
- 2 13. Federal Social Security Act, Title XVIII and Title XIX Medicare and Medicaid.
- 3 14. 42 USC §12101 et seq., Americans with Disabilities Act of 1990.
- 4 15. 42 USC §1857, et seq., Clean Air Act.
- 5 16. 33 USC 84, §308 and §§1251 et seq., the Federal Water Pollution Control Act.
- 6 17. 31 USC 7501.70, Federal Single Audit Act of 1984.
- 7 18. Policies and procedures set forth in Mental Health Services Act.
- 8 19. Policies and procedures set forth in DHCS Letters.
- 9 20. HIPAA privacy rule, as it may exist now, or be hereafter amended, and if applicable.
- 10 21. 31 USC 7501 – 7507, as well as its implementing regulations under 2 CFR Part 200,
- 11 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for
- 12 Federal Awards.

13 D. CONTRACTOR shall at all times be capable and authorized by the State of California to
 14 provide treatment and bill for services provided to Medi-Cal eligible clients while working under the
 15 terms of this Agreement.

17 **XVII. LITERATURE, ADVERTISEMENTS, AND SOCIAL MEDIA**

18 A. Any written information or literature, including educational or promotional materials,
 19 distributed by CONTRACTOR to any person or organization for purposes directly or indirectly related
 20 to this Agreement must be approved at least thirty (30) days in advance and in writing by
 21 ADMINISTRATOR before distribution. For the purposes of this Agreement, distribution of written
 22 materials shall include, but not be limited to, pamphlets, brochures, flyers, newspaper or magazine ads,
 23 and electronic media such as the Internet.

24 B. Any advertisement through radio, television broadcast, or the Internet, for educational or
 25 promotional purposes, made by CONTRACTOR for purposes directly or indirectly related to this
 26 Agreement must be approved in advance at least thirty (30) days and in writing by ADMINISTRATOR.

27 C. If CONTRACTOR uses social media (such as Facebook, Twitter, YouTube or other publicly
 28 available social media sites) in support of the services described within this Agreement,
 29 CONTRACTOR shall develop social media P&Ps and have them available to ADMINISTRATOR upon
 30 reasonable notice. CONTRACTOR shall inform ADMINISTRATOR of all forms of social media used
 31 to either directly or indirectly support the services described within this Agreement. CONTRACTOR
 32 shall comply with COUNTY Social Media Use P&Ps as they pertain to any social media developed in
 33 support of the services described within this Agreement. CONTRACTOR shall also include any
 34 required funding statement information on social media when required by ADMINISTRATOR.

35 D. Any information as described in Subparagraphs A. and B. above shall not imply endorsement
 36 by COUNTY, unless ADMINISTRATOR consents thereto in writing.

37 //

1 **XVIII. MAXIMUM OBLIGATION**

2 A. The Total Maximum Obligation of COUNTY for services provided in accordance with this
3 Agreement, and the separate Maximum Obligations for each period under this Agreement, are as
4 specified in the Referenced Contract Provisions of this Agreement, except as allowed for in
5 Subparagraph B. below.

6 B. ADMINISTRATOR may amend the Maximum Obligation by an amount not to exceed ten
7 percent (10%) of Period One funding for this Agreement.

8 **. MINIMUM WAGE LAWS**

9 A. Pursuant to the United States of America Fair Labor Standards Act of 1938, as amended, and
10 State of California Labor Code, §1178.5, CONTRACTOR shall pay no less than the greater of the
11 federal or California Minimum Wage to all its employees that directly or indirectly provide services
12 pursuant to this Agreement, in any manner whatsoever. CONTRACTOR shall require and verify that
13 all its contractors or other persons providing services pursuant to this Agreement on behalf of
14 CONTRACTOR also pay their employees no less than the greater of the federal or California Minimum
15 Wage.

16 B. CONTRACTOR shall comply and verify that its contractors comply with all other federal and
17 State of California laws for minimum wage, overtime pay, record keeping, and child labor standards
18 pursuant to providing services pursuant to this Agreement.

19 C. Notwithstanding the minimum wage requirements provided for in this clause, CONTRACTOR,
20 where applicable, shall comply with the prevailing wage and related requirements, as provided for in
21 accordance with the provisions of Article 2 of Chapter 1, Part 7, Division 2 of the Labor Code of the
22 State of California (§§1770, et seq.), as it now exists or may hereafter be amended.

23
24 **XX. NONDISCRIMINATION**

25 **A. EMPLOYMENT**

26 1. During the term of this Agreement, CONTRACTOR and its Covered Individuals shall not
27 unlawfully discriminate against any employee or applicant for employment because of his/her race,
28 religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition,
29 genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual
30 orientation, or military and veteran status. Additionally, during the term of this Agreement,
31 CONTRACTOR and its Covered Individuals shall require in its subcontracts that subcontractors shall
32 not unlawfully discriminate against any employee or applicant for employment because of his/her race,
33 religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition,
34 genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual
35 orientation, or military and veteran status.

36 2. CONTRACTOR and its Covered Individuals shall not discriminate against employees or
37 applicants for employment in the areas of employment, promotion, demotion or transfer; recruitment or

1 recruitment advertising; layoff or termination; rate of pay or other forms of compensation; and selection
2 for training, including apprenticeship.

3 3. CONTRACTOR shall not discriminate between employees with spouses and employees
4 with domestic partners, or discriminate between domestic partners and spouses of those employees, in
5 the provision of benefits.

6 4. CONTRACTOR shall post in conspicuous places, available to employees and applicants for
7 employment, notices from ADMINISTRATOR and/or the United States Equal Employment
8 Opportunity Commission setting forth the provisions of the Equal Opportunity clause.

9 5. All solicitations or advertisements for employees placed by or on behalf of
10 CONTRACTOR and/or subcontractor shall state that all qualified applicants will receive consideration
11 for employment without regard to race, religious creed, color, national origin, ancestry, physical
12 disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender
13 identity, gender expression, age, sexual orientation, or military and veteran status. Such requirements
14 shall be deemed fulfilled by use of the term EOE.

15 6. Each labor union or representative of workers with which CONTRACTOR and/or
16 subcontractor has a collective bargaining agreement or other contract or understanding must post a
17 notice advising the labor union or workers' representative of the commitments under this
18 Nondiscrimination Paragraph and shall post copies of the notice in conspicuous places available to
19 employees and applicants for employment.

20 B. SERVICES, BENEFITS AND FACILITIES – CONTRACTOR and/or subcontractor shall not
21 discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities
22 on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental
23 disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender
24 expression, age, sexual orientation, or military and veteran status in accordance with Title IX of the
25 Education Amendments of 1972 as they relate to 20 USC §1681 - §1688; Title VI of the Civil Rights
26 Act of 1964 (42 USC §2000d); the Age Discrimination Act of 1975 (42 USC §6101); Title 9, Division
27 4, Chapter 6, Article 1 (§10800, et seq.) of the California Code of Regulations; and Title II of the
28 Genetic Information Nondiscrimination Act of 2008, 42 USC 2000ff, et seq., as applicable, and all other
29 pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by state law and
30 regulations, as all may now exist or be hereafter amended or changed. For the purpose of this
31 Nondiscrimination paragraph, Discrimination includes, but is not limited to the following based on one
32 or more of the factors identified above:

33 1. Denying a client or potential client any service, benefit, or accommodation.

34 2. Providing any service or benefit to a client which is different or is provided in a different
35 manner or at a different time from that provided to other clients.

36 3. Restricting a client in any way in the enjoyment of any advantage or privilege enjoyed by
37 others receiving any service or benefit.

1 4. Treating a client differently from others in satisfying any admission requirement or
 2 condition, or eligibility requirement or condition, which individuals must meet in order to be provided
 3 any service or benefit.

4 5. Assignment of times or places for the provision of services.

5 C. COMPLAINT PROCESS – CONTRACTOR shall establish procedures for advising all clients
 6 through a written statement that CONTRACTOR’s and/or subcontractor’s clients may file all
 7 complaints alleging discrimination in the delivery of services with CONTRACTOR, subcontractor, and
 8 ADMINISTRATOR or COUNTY’s Patients’ Rights Office.

9 1. Whenever possible, problems shall be resolved informally and at the point of service.
 10 CONTRACTOR shall establish an internal informal problem resolution process for clients not able to
 11 resolve such problems at the point of service. Clients may initiate a grievance or complaint directly with
 12 CONTRACTOR either orally or in writing.

13 a. COUNTY shall establish a formal resolution and grievance process in the event
 14 informal processes do not yield a resolution.

15 b. Throughout the problem resolution and grievance process, client rights shall be
 16 maintained, including access to the Patients’ Rights Office at any point in the process. Clients shall be
 17 informed of their right to access the Patients’ Rights Office at any time.

18 2. Within the time limits procedurally imposed, the complainant shall be notified in writing as
 19 to the findings regarding the alleged complaint and, if not satisfied with the decision, may file an appeal.

20 D. PERSONS WITH DISABILITIES – CONTRACTOR and/or subcontractor agree to comply
 21 with the provisions of §504 of the Rehabilitation Act of 1973, as amended, (29 USC 794 et seq., as
 22 implemented in 45 CFR 84.1 et seq.), and the Americans with Disabilities Act of 1990 as amended
 23 (42 USC 12101 et seq.; as implemented in 29 CFR 1630), as applicable, pertaining to the prohibition of
 24 discrimination against qualified persons with disabilities in all programs or activities; and if applicable,
 25 as implemented in Title 45, CFR, §84.1 et seq., as they exist now or may be hereafter amended together
 26 with succeeding legislation.

27 E. RETALIATION – Neither CONTRACTOR nor subcontractor, nor its employees or agents shall
 28 intimidate, coerce or take adverse action against any person for the purpose of interfering with rights
 29 secured by federal or state laws, or because such person has filed a complaint, certified, assisted or
 30 otherwise participated in an investigation, proceeding, hearing or any other activity undertaken to
 31 enforce rights secured by federal or state law.

32 F. In the event of non-compliance with this paragraph or as otherwise provided by federal and
 33 state law, this Agreement may be canceled, terminated or suspended in whole or in part and
 34 CONTRACTOR or subcontractor may be declared ineligible for further contracts involving federal,
 35 state or county funds.

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. NOTICES

A. Unless otherwise specified, all notices, claims, correspondence, reports and/or statements authorized or required by this Agreement shall be effective:

1. When written and deposited in the United States mail, first class postage prepaid and addressed as specified in the Referenced Contract Provisions of this Agreement or as otherwise directed by ADMINISTRATOR;

2. When faxed, transmission confirmed;

3. When sent by E-Mail; or

4. When accepted by U.S. Postal Service Express Mail, Federal Express, United Parcel Service, or any other expedited delivery service.

B. Termination Notices shall be addressed as specified in the Referenced Contract Provisions of this Agreement or as otherwise directed by ADMINISTRATOR and shall be effective when faxed, transmission confirmed, or when accepted by U.S. Postal Service Express Mail, Federal Express, United Parcel Service, or any other expedited delivery service.

C. CONTRACTOR shall notify ADMINISTRATOR, in writing, within twenty-four (24) hours of becoming aware of any occurrence of a serious nature, which may expose COUNTY to liability. Such occurrences shall include, but not be limited to, accidents, injuries, or acts of negligence, or loss or damage to any COUNTY property in possession of CONTRACTOR.

D. For purposes of this Agreement, any notice to be provided by COUNTY may be given by ADMINISTRATOR.

. NOTIFICATION OF DEATH

A. Upon becoming aware of the death of any person served pursuant to this Agreement, CONTRACTOR shall immediately notify ADMINISTRATOR.

B. All Notifications of Death provided to ADMINISTRATOR by CONTRACTOR shall contain the name of the deceased, the date and time of death, the nature and circumstances of the death, and the name(s) of CONTRACTOR's officers or employees with knowledge of the incident.

1. TELEPHONE NOTIFICATION – CONTRACTOR shall notify ADMINISTRATOR by telephone immediately upon becoming aware of the death due to non-terminal illness of any person served pursuant to this Agreement; provided, however, weekends and holidays shall not be included for purposes of computing the time within which to give telephone notice and, notwithstanding the time limit herein specified, notice need only be given during normal business hours.

2. WRITTEN NOTIFICATION

a. NON-TERMINAL ILLNESS – CONTRACTOR shall hand deliver, fax, and/or send via encrypted email to ADMINISTRATOR a written report within sixteen (16) hours after becoming aware of the death due to non-terminal illness of any person served pursuant to this Agreement.

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1 b. TERMINAL ILLNESS – CONTRACTOR shall notify ADMINISTRATOR by written
 2 report hand delivered, faxed, sent via encrypted email, and/or postmarked and sent via U.S. Mail within
 3 forty-eight (48) hours of becoming aware of the death due to terminal illness of any person served
 4 pursuant to this Agreement.

5 C. If there are any questions regarding the cause of death of any person served pursuant to this
 6 Agreement who was diagnosed with a terminal illness, or if there are any unusual circumstances related
 7 to the death, CONTRACTOR shall immediately notify ADMINISTRATOR in accordance with this
 8 Notification of Death Paragraph.

9 10 . **NOTIFICATION OF PUBLIC EVENTS AND MEETINGS**

11 A. CONTRACTOR shall notify ADMINISTRATOR of any public event or meeting funded in
 12 whole or in part by the COUNTY, except for those events or meetings that are intended solely to serve
 13 clients or occur in the normal course of business.

14 B. CONTRACTOR shall notify ADMINISTRATOR at least thirty (30) business days in advance
 15 of any applicable public event or meeting. The notification must include the date, time, duration,
 16 location and purpose of the public event or meeting. Any promotional materials or event related flyers
 17 must be approved by ADMINISTRATOR prior to distribution.

18 19 **PATIENT'S RIGHTS**

20 A. CONTRACTOR shall post the current California Department of Mental Health Patients'
 21 Rights poster as well as the Orange County HCA Mental Health Plan Grievance and Appeals poster in
 22 locations readily available to Clients and staff and have Grievance and Appeal forms in the threshold
 23 languages and envelopes readily accessible to Clients to take without having to request it on the unit.

24 B. In addition to those processes provided by ADMINISTRATOR, CONTRACTOR shall
 25 have an internal grievance process approved by ADMINISTRATOR, to which the beneficiary shall
 26 have access.

27 1. CONTRACTOR's grievance process shall incorporate COUNTY's grievance, patients'
 28 rights, and/or utilization management guidelines and procedures. The patient has the right to utilize
 29 either or both grievance process simultaneously in order to resolve their dissatisfaction.

30 2. Title IX Rights Advocacy. This process may be initiated by a Client who registers a
 31 statutory rights violation or a denial or abuse complaint with the County Patients' Rights Office. The
 32 Patients' Rights office shall investigate the complaint, and Title IX grievance procedures shall apply,
 33 which involve ADMINISTRATOR'S Director of Behavioral Health Care and the State Patients' Rights
 34 Office.

35 C. The Parties agree that Clients have recourse to initiate an expression of dissatisfaction to
 36 CONTRACTOR, appeal to the County Patients' Rights Office, file a grievance, and file a Title IX
 37 complaint. The Patients' Advocate shall advise and assist the Client, investigate the cause of the

1 grievance, and attempt to resolve the matter

2 D. No provision of this Contract shall be construed as to replacing or conflicting with the
 3 duties of County Patients' Rights Office pursuant to Welfare and Institutions Code Section 5500.

4
 5 **PAYMENT CARD COMPLIANCE**

6 Should CONTRACTOR conduct credit/debit card transactions in conjunction with their business
 7 with COUNTY, on behalf of COUNTY, or as part of the business that they conduct, CONTRACTOR
 8 covenants and warrants that it is currently PA DSS and PCI DSS compliant and will remain compliant
 9 during the entire duration of this Contract. CONTRACTOR agrees to immediately notify COUNTY in
 10 the event CONTRACTOR should ever become non-compliant, and will take all necessary steps to
 11 return to compliance and shall be compliant within ten (10) business days of the commencement of any
 12 such interruption. Upon demand by COUNTY, CONTRACTOR shall provide to COUNTY written
 13 certification of CONTRACTOR's PA DSS and/or PCI DSS compliance."

14
 15 **. RECORDS MANAGEMENT AND MAINTENANCE**

16 ~~— A. CONTRACTOR, its officers, agents, employees and subcontractors shall, throughout the term~~
 17 ~~of this Agreement, prepare, maintain and manage records appropriate to the services provided and in~~
 18 ~~accordance with this Agreement and all applicable requirements.~~

19 ~~— B. CONTRACTOR shall implement and maintain administrative, technical and physical~~
 20 ~~safeguards to ensure the privacy of PHI and prevent the intentional or unintentional use or disclosure of~~
 21 ~~PHI in violation of the HIPAA, federal and state regulations and/or CHPP. CONTRACTOR shall~~
 22 ~~mitigate to the extent practicable, the known harmful effect of any use or disclosure of PHI made in~~
 23 ~~violation of federal or state regulations and/or COUNTY policies.~~

24 ~~— C. CONTRACTOR's participant, client, and/or patient records shall be maintained in a secure~~
 25 ~~manner. CONTRACTOR shall maintain participant, client, and/or patient records and must establish~~
 26 ~~and implement written record management procedures.~~

27 ~~— D. CONTRACTOR shall retain all financial records for a minimum of seven (7) years from the~~
 28 ~~commencement of the contract, unless a longer period is required due to legal proceedings such as~~
 29 ~~litigations and/or settlement of claims.~~

30 ~~— E. CONTRACTOR shall make records pertaining to the costs of services, participant fees, charges,~~
 31 ~~billings, and revenues available at one (1) location within the limits of the County of Orange.~~

32 ~~— F. CONTRACTOR shall ensure all HIPAA (DRS) requirements are met. HIPAA requires that~~
 33 ~~clients, participants and/or patients be provided the right to access or receive a copy of their DRS and/or~~
 34 ~~request addendum to their records. Title 45 CFR §164.501, defines DRS as a group of records~~
 35 ~~maintained by or for a covered entity that is:~~

36 ~~— 1. The medical records and billing records about individuals maintained by or for a covered~~
 37 ~~health care provider;~~

~~2. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or~~

~~3. Used, in whole or in part, by or for the covered entity to make decisions about individuals.~~

~~G. CONTRACTOR may retain client, and/or patient documentation electronically in accordance with the terms of this Agreement and common business practices. If documentation is retained electronically, CONTRACTOR shall, in the event of an audit or site visit:~~

~~1. Have documents readily available within forty eight (48) hour notice of a scheduled audit or site visit.~~

~~2. Provide auditor or other authorized individuals access to documents via a computer terminal.~~

~~3. Provide auditor or other authorized individuals a hardcopy printout of documents, if requested.~~

~~H. CONTRACTOR shall ensure compliance with requirements pertaining to the privacy and security of PHI and/or PII. CONTRACTOR shall notify COUNTY immediately by telephone call plus email or fax upon the discovery of a Breach of unsecured PHI and/or PII.~~

~~I. CONTRACTOR may be required to pay any costs associated with a Breach of privacy and/or security of PHI and/or PII, including but not limited to the costs of notification. CONTRACTOR shall pay any and all such costs arising out of a Breach of privacy and/or security of PHI and/or PII.~~

~~J. CONTRACTOR shall retain all client and/or patient medical records for seven (7) years following discharge of the client and/or patient, with the exception of non-emancipated minors for whom records must be kept for at least one (1) year after such minors have reached the age of eighteen (18) years, or for seven (7) years after the last date of service, whichever is longer.~~

~~K. If CONTRACTOR is unable to meet the record location criteria above, ADMINISTRATOR may provide written approval to CONTRACTOR to maintain records in a single location, identified by CONTRACTOR.~~

~~L. CONTRACTOR may be required to retain all records involving litigation proceedings and settlement of claims for a longer term which will be directed by the ADMINISTRATOR.~~

~~M. CONTRACTOR shall notify ADMINISTRATOR of any PRA requests related to, or arising out of, this Agreement, within forty eight (48) hours. CONTRACTOR shall provide ADMINISTRATOR all information that is requested by the PRA request.~~

“A. CONTRACTOR, its officers, agents, employees and subcontractors shall, throughout the term of this Agreement, prepare, maintain and manage records appropriate to the services provided and in accordance with this Agreement and all applicable requirements.

1. CONTRACTOR shall maintain records that are adequate to substantiate the services for which claims are submitted for reimbursement under this Agreement and the charges thereto. Such records shall include, but not be limited to, individual patient charts and utilization review records.

2. CONTRACTOR shall keep and maintain records of each service rendered to each MSN

1 Patient, the identity of the MSN Patient to whom the service was rendered, the date the service was
 2 rendered, and such additional information as ADMINISTRATOR or DHCS may require.

3 3. CONTRACTOR shall maintain books, records, documents, accounting procedures and
 4 practices, and other evidence sufficient to reflect properly all direct and indirect cost of whatever nature
 5 claimed to have been incurred in the performance of this Agreement and in accordance with Medicare
 6 principles of reimbursement and GAAP.

7 4. CONTRACTOR shall ensure the maintenance of medical records required by §70747
 8 through and including §70751 of the CCR, as they exist now or may hereafter be amended, the medical
 9 necessity of the service, and the quality of care provided. Records shall be maintained in accordance
 10 with §51476 of Title 22 of the CCR, as it exists now or may hereafter be amended.

11 B. CONTRACTOR shall implement and maintain administrative, technical and physical
 12 safeguards to ensure the privacy of PHI and prevent the intentional or unintentional use or disclosure of
 13 PHI in violation of the HIPAA, federal and state regulations. CONTRACTOR shall mitigate to the
 14 extent practicable, the known harmful effect of any use or disclosure of PHI made in violation of federal
 15 or state regulations and/or COUNTY policies.

16 C. CONTRACTOR's participant, client, and/or patient records shall be maintained in a secure
 17 manner. CONTRACTOR shall maintain participant, client, and/or patient records and must establish
 18 and implement written record management procedures.

19 D. CONTRACTOR shall retain all financial records for a minimum of ten (10) years from the
 20 termination of the contract, unless a longer period is required due to legal proceedings such as litigations
 21 and/or settlement of claims.

22 E. CONTRACTOR shall retain all client and/or patient medical records for ten (10) years
 23 following discharge of the participant, client and/or patient.

24 F. CONTRACTOR shall make records pertaining to the costs of services, participant fees, charges,
 25 billings, and revenues available at one (1) location within the limits of the County of Orange. If
 26 CONTRACTOR is unable to meet the record location criteria above, ADMINISTRATOR may provide
 27 written approval to CONTRACTOR to maintain records in a single location, identified by
 28 CONTRACTOR.

29 G. CONTRACTOR shall notify ADMINISTRATOR of any PRA requests related to, or arising out
 30 of, this Agreement, within forty-eight (48) hours. CONTRACTOR shall provide ADMINISTRATOR
 31 all information that is requested by the PRA request.

32 H. CONTRACTOR shall ensure all HIPAA DRS requirements are met. HIPAA requires that
 33 clients, participants and/or patients be provided the right to access or receive a copy of their DRS and/or
 34 request addendum to their records. Title 45 CFR §164.501, defines DRS as a group of records
 35 maintained by or for a covered entity that is:

36 1. The medical records and billing records about individuals maintained by or for a covered
 37 health care provider;

1 2. The enrollment, payment, claims adjudication, and case or medical management record
 2 systems maintained by or for a health plan; or

3 3. Used, in whole or in part, by or for the covered entity to make decisions about individuals.

4 I. CONTRACTOR may retain client, and/or patient documentation electronically in accordance
 5 with the terms of this Agreement and common business practices. If documentation is retained
 6 electronically, CONTRACTOR shall, in the event of an audit or site visit:

7 1. Have documents readily available within twenty-four (24) hour notice of a scheduled audit
 8 or site visit.

9 2. Provide auditor or other authorized individuals access to documents via a computer
 10 terminal.

11 3. Provide auditor or other authorized individuals a hardcopy printout of documents, if
 12 requested.

13 J. CONTRACTOR shall ensure compliance with requirements pertaining to the privacy and
 14 security of PII and/or PHI. CONTRACTOR shall, upon discovery of a Breach of privacy and/or
 15 security of PII and/or PHI by CONTRACTOR, notify federal and/or state authorities as required by law
 16 or regulation, and copy ADMINISTRATOR on such notifications.

17 K. CONTRACTOR may be required to pay any costs associated with a Breach of privacy and/or
 18 security of PII and/or PHI, including but not limited to the costs of notification. CONTRACTOR shall
 19 pay any and all such costs arising out of a Breach of privacy and/or security of PII and/or PHI.”

21 **XXVII. RESEARCH AND PUBLICATION**

22 CONTRACTOR shall not utilize information and/or data received from COUNTY, or arising out
 23 of, or developed, as a result of this Agreement for the purpose of personal or professional research, or
 24 for publication.

26 **. REVENUE**

27 A. CLIENT FEES – CONTRACTOR shall charge, unless waived by ADMINISTRATOR, a fee to
 28 clients to whom billable services, other than those amounts reimbursed by Medicare, Medi-Cal or other
 29 third party health plans, are provided pursuant to this Agreement, their estates and responsible relatives,
 30 according to their ability to pay as determined by the State Department of Health Care Services’
 31 “Uniform Method of Determining Ability to Pay” (UMDAP) procedure or by any other payment
 32 procedure as approved in advance, and in writing by ADMINISTRATOR; and in accordance with Title
 33 9 of the California Code of Regulations. Such fee shall not exceed the actual cost of services provided.
 34 No client shall be denied services because of an inability to pay.

35 B. THIRD-PARTY REVENUE – CONTRACTOR shall make every reasonable effort to obtain all
 36 available third-party reimbursement for which persons served pursuant to this Agreement may be

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1 eligible. Charges to insurance carriers shall be on the basis of CONTRACTOR's usual and customary
2 charges.

3 C. PROCEDURES – CONTRACTOR shall maintain internal financial controls which adequately
4 ensure proper billing and collection procedures. CONTRACTOR's procedures shall specifically
5 provide for the identification of delinquent accounts and methods for pursuing such accounts.
6 CONTRACTOR shall provide ADMINISTRATOR, monthly, a written report specifying the current
7 status of fees which are billed, collected, transferred to a collection agency, or deemed by
8 CONTRACTOR to be uncollectible.

9 D. OTHER REVENUES – CONTRACTOR shall charge for services, supplies, or facility use by
10 persons other than individuals or groups eligible for services pursuant to this Agreement.

11 . SEVERABILITY

12 If a court of competent jurisdiction declares any provision of this Agreement or application thereof
13 to any person or circumstances to be invalid or if any provision of this Agreement contravenes any
14 federal, state or county statute, ordinance, or regulation, the remaining provisions of this Agreement or
15 the application thereof shall remain valid, and the remaining provisions of this Agreement shall remain
16 in full force and effect, and to that extent the provisions of this Agreement are severable.
17

18 XXX. SPECIAL PROVISIONS

19 A. CONTRACTOR shall not use the funds provided by means of this Agreement for the following
20 purposes:

- 21 1. Making cash payments to intended recipients of services through this Agreement.
- 22 2. Lobbying any governmental agency or official. CONTRACTOR shall file all certifications
23 and reports in compliance with this requirement pursuant to Title 31, USC, §1352 (e.g., limitation on
24 use of appropriated funds to influence certain federal contracting and financial transactions).
- 25 3. Fundraising.
- 26 4. Purchase of gifts, meals, entertainment, awards, or other personal expenses for
27 CONTRACTOR's staff, volunteers, or members of the Board of Directors or governing body.
- 28 5. Reimbursement of CONTRACTOR's members of the Board of Directors or governing
29 body for expenses or services.
- 30 6. Making personal loans to CONTRACTOR's staff, volunteers, interns, consultants,
31 subcontractors, and members of the Board of Directors or governing body, or its designee or authorized
32 agent, or making salary advances or giving bonuses to CONTRACTOR's staff.
- 33 7. Paying an individual salary or compensation for services at a rate in excess of the current
34 Level I of the Executive Salary Schedule as published by the OPM. The OPM Executive Salary
35 Schedule may be found at www.opm.gov.

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- 1 8. Severance pay for separating employees.
- 2 9. Paying rent and/or lease costs for a facility prior to the facility meeting all required building
- 3 codes and obtaining all necessary building permits for any associated construction.
- 4 10. Supplanting current funding for existing services.
- 5 B. Unless otherwise specified in advance and in writing by ADMINISTRATOR, CONTRACTOR
- 6 shall not use the funds provided by means of this Agreement for the following purposes:
- 7 1. Funding travel or training (excluding mileage or parking).
- 8 2. Making phone calls outside of the local area unless documented to be directly for the
- 9 purpose of client care.
- 10 3. Payment for grant writing, consultants, certified public accounting, or legal services.
- 11 4. Purchase of artwork or other items that are for decorative purposes and do not directly
- 12 contribute to the quality of services to be provided pursuant to this Agreement.
- 13 5. Purchasing or improving land, including constructing or permanently improving any
- 14 building or facility, except for tenant improvements.
- 15 6. Providing inpatient hospital services or purchasing major medical equipment.
- 16 7. Satisfying any expenditure of non-federal funds as a condition for the receipt of federal
- 17 funds (matching).

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19 **. STATUS OF CONTRACTOR**

20 CONTRACTOR is, and shall at all times be deemed to be, an independent contractor and shall be
21 wholly responsible for the manner in which it performs the services required of it by the terms of this
22 Agreement. CONTRACTOR is entirely responsible for compensating staff, subcontractors, and
23 consultants employed by CONTRACTOR. This Agreement shall not be construed as creating the
24 relationship of employer and employee, or principal and agent, between COUNTY and CONTRACTOR
25 or any of CONTRACTOR's employees, agents, consultants, or subcontractors. CONTRACTOR
26 assumes exclusively the responsibility for the acts of its employees, agents, consultants, or
27 subcontractors as they relate to the services to be provided during the course and scope of their
28 employment. CONTRACTOR, its agents, employees, consultants, or subcontractors, shall not be
29 entitled to any rights or privileges of COUNTY's employees and shall not be considered in any manner
30 to be COUNTY's employees.

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32 **XXXII. TERM**

33 A. The term of this Agreement shall commence as specified in the Referenced Contract Provisions
34 of this Agreement or the execution date, whichever is later. This Agreement shall terminate as specified
35 in the Referenced Contract Provisions of this Agreement, unless otherwise sooner terminated as
36 provided in this Agreement; provided, however, CONTRACTOR shall be obligated to perform such
37 duties as would normally extend beyond this term, including but not limited to, obligations with respect

1 to confidentiality, indemnification, audits, reporting and accounting.

2 B. Any administrative duty or obligation to be performed pursuant to this Agreement on a
3 weekend or holiday may be performed on the next regular business day.

4 5 **XXXIII. TERMINATION**

6 A. Either Party may terminate this Agreement, without cause, upon thirty (30) calendar days
7 written notice given the other Party.

8 B. Unless otherwise specified in this Agreement, COUNTY may terminate this Agreement upon
9 five (5) calendar days written notice if CONTRACTOR fails to perform any of the terms of this
10 Agreement. At ADMINISTRATOR's sole discretion, CONTRACTOR may be allowed up to thirty
11 (30) calendar days for corrective action.

12 C. COUNTY may terminate this Agreement immediately, upon written notice, on the occurrence
13 of any of the following events:

14 1. The loss by CONTRACTOR of legal capacity.
15 2. Cessation of services.
16 3. The delegation or assignment of CONTRACTOR's services, operation or administration to
17 another entity without the prior written consent of COUNTY.

18 4. The neglect by any physician or licensed person employed by CONTRACTOR of any duty
19 required pursuant to this Agreement.

20 5. The loss of accreditation or any license required by the Licenses and Laws Paragraph of
21 this Agreement.

22 6. The continued incapacity of any physician or licensed person to perform duties required
23 pursuant to this Agreement.

24 7. Unethical conduct or malpractice by any physician or licensed person providing services
25 pursuant to this Agreement; provided, however, COUNTY may waive this option if CONTRACTOR
26 removes such physician or licensed person from serving persons treated or assisted pursuant to this
27 Agreement.

28 **D. CONTINGENT FUNDING**

29 1. Any obligation of COUNTY under this Agreement is contingent upon the following:

30 a. The continued availability of federal, state and county funds for reimbursement of
31 COUNTY's expenditures, and

32 b. Inclusion of sufficient funding for the services hereunder in the applicable budget(s)
33 approved by the Board of Supervisors.

34 2. In the event such funding is subsequently reduced or terminated, COUNTY may suspend,
35 terminate or renegotiate this Agreement upon thirty (30) calendar days' written notice given
36 CONTRACTOR. If COUNTY elects to renegotiate this Agreement due to reduced or terminated
37 funding, CONTRACTOR shall not be obligated to accept the renegotiated terms.

1 E. In the event this Agreement is suspended or terminated prior to the completion of the term as
2 specified in the Referenced Contract Provisions of this Agreement, ADMINISTRATOR may, at its sole
3 discretion, reduce the Maximum Obligation of this Agreement in an amount consistent with the reduced
4 term of the Agreement.

5 F. In the event this Agreement is terminated by either Party pursuant to Subparagraphs B., C. or D.
6 above, CONTRACTOR shall do the following:

7 1. Comply with termination instructions provided by ADMINISTRATOR in a manner which
8 is consistent with recognized standards of quality care and prudent business practice.

9 2. Obtain immediate clarification from ADMINISTRATOR of any unsettled issues of contract
10 performance during the remaining contract term.

11 3. Until the date of termination, continue to provide the same level of service required by this
12 Agreement.

13 4. If clients are to be transferred to another facility for services, furnish ADMINISTRATOR,
14 upon request, all client information and records deemed necessary by ADMINISTRATOR to effect an
15 orderly transfer.

16 5. Assist ADMINISTRATOR in effecting the transfer of clients in a manner consistent with
17 client's best interests.

18 6. If records are to be transferred to COUNTY, pack and label such records in accordance
19 with directions provided by ADMINISTRATOR.

20 7. Return to COUNTY, in the manner indicated by ADMINISTRATOR, any equipment and
21 supplies purchased with funds provided by COUNTY.

22 8. To the extent services are terminated, cancel outstanding commitments covering the
23 procurement of materials, supplies, equipment, and miscellaneous items, as well as outstanding
24 commitments which relate to personal services. With respect to these canceled commitments,
25 CONTRACTOR shall submit a written plan for settlement of all outstanding liabilities and all claims
26 arising out of such cancellation of commitment which shall be subject to written approval of
27 ADMINISTRATOR.

28 9. Provide written notice of termination of services to each client being served under this
29 Agreement, within fifteen (15) calendar days of receipt of termination notice. A copy of the notice of
30 termination of services must also be provided to ADMINISTRATOR within the fifteen (15) calendar
31 day period.

32 G. The rights and remedies of COUNTY provided in this Termination Paragraph shall not be
33 exclusive, and are in addition to any other rights and remedies provided by law or under this Agreement.

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XXXIV. THIRD PARTY BENEFICIARY

Neither Party hereto intends that this Agreement shall create rights hereunder in third parties including, but not limited to, any subcontractors or any clients provided services pursuant to this Agreement.

XXXV. WAIVER OF DEFAULT OR BREACH

Waiver by COUNTY of any default by CONTRACTOR shall not be considered a waiver of any subsequent default. Waiver by COUNTY of any breach by CONTRACTOR of any provision of this Agreement shall not be considered a waiver of any subsequent breach. Waiver by COUNTY of any default or any breach by CONTRACTOR shall not be considered a modification of the terms of this Agreement.

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1 IN WITNESS WHEREOF, the Parties have executed this Agreement, in the County of Orange,
2 State of California.

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4 TELECARE CORPORATION

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7 BY: _____ DATED: _____

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9 TITLE: _____
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15 COUNTY OF ORANGE

16
17
18 BY: _____ DATED: _____

19 HEALTH CARE AGENCY
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21
22
23
24 APPROVED AS TO FORM
25 OFFICE OF THE COUNTY COUNSEL
26 ORANGE COUNTY, CALIFORNIA

27
28
29 BY: _____ DATED: _____

30 DEPUTY
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35 If the contracting party is a corporation, two (2) signatures are required: one (1) signature by the Chairman of the Board, the President or
36 any Vice President; and one (1) signature by the Secretary, any Assistant Secretary, the Chief Financial Officer or any Assistant Treasurer.
37 If the contract is signed by one (1) authorized individual only, a copy of the corporate resolution or by-laws whereby the board of directors
has empowered said authorized individual to act on its behalf by his or her signature alone is required by ADMINISTRATOR.

~~EXHIBIT A~~
~~TO THE AGREEMENT FOR PROVISION OF~~
~~GENERAL POPULATION FULL SERVICE PARTNERSHIP SERVICES~~
~~BETWEEN~~
~~COUNTY OF ORANGE~~
~~AND~~
~~TELECARE CORPORATION~~
~~JULY 1, 2017 THROUGH JUNE 30, 2020~~

~~**I. COMMON TERMS AND DEFINITIONS**~~

~~A. The parties agree to the following terms and definitions, and to those terms and definitions which, for convenience, are set forth elsewhere in the Agreement.~~

~~1. Active and Ongoing Case Load means documentation, by CONTRACTOR, of completion of the entry and evaluation documents into IRIS and documentation that the Clients are receiving services at a level and frequency and duration that is consistent with each Client's level of impairment and treatment goals and consistent with individualized, solution-focused, evidenced-based practices.~~

~~2. ADL means Activities of Daily Living and refers to diet, personal hygiene, clothing care, grooming, money and household management, personal safety, symptom monitoring, etc.~~

~~3. Admission means documentation, by CONTRACTOR, of completion of the entry and evaluation documents into IRIS.~~

~~4. Benefits Specialist means a specialized position that would primarily be responsible for coordinating Client applications and appeals for State and Federal benefits.~~

~~5. Best Practices means a term that is often used interchangeably with "evidence based practice" and is best defined as an "umbrella" term for three levels of practice, measured in relation to Recovery consistent mental health practices where the Recovery process is supported with scientific intervention that best meets the needs of the Client at this time.~~

~~a. EBP means Evidence Based Practices and refers to the interventions utilized for which there is consistent scientific evidence showing they improved Client outcomes and meets the following criteria: it has been replicated in more than one geographic or practice setting with consistent results; it is recognized in scientific journals by one or more published articles; it has been documented and put into manual forms; it produces specific outcomes when adhering to the fidelity of the model.~~

~~b. Promising Practices means that experts believe the practices are likely to be raised to the next level when scientific studies can be conducted and is supported by some body of evidence, (evaluation studies or expert consensus in reviewing outcome data); it has been endorsed by recognized bodies of advocacy organizations and finally, produces specific outcomes.~~

~~c. Emerging Practices means that the practice(s) seems like a logical approach to addressing a specific behavior which is becoming distinct, recognizable among Clients and clinicians in~~

1 practice, or innovators in academia or policy makers; and at least one recognized expert, group of
 2 researchers or other credible individuals have endorsed the practice as worthy of attention based on
 3 outcomes; and finally, it produces specific outcomes.

4 ~~6. Case Management Linkage Brokerage means a process of identification, assessment of~~
 5 ~~need, planning, coordination and linking, monitoring and continuous evaluation of Clients and of~~
 6 ~~available resources and advocacy through a process of casework activities in order to achieve the best~~
 7 ~~possible resolution to individual needs in the most effective way possible. This includes supportive~~
 8 ~~assistance to the Client in the assessment, determination of need and securing of adequate and~~
 9 ~~appropriate living arrangements.~~

10 ~~7. CAT means Crisis Assessment Team and provides 24 hour mobile response services to any~~
 11 ~~adult who has a psychiatric emergency. This program assists law enforcement, social service agencies,~~
 12 ~~and families in providing crisis intervention services for the mentally ill. CAT is a multi-disciplinary~~
 13 ~~program that conducts risk assessments, initiates involuntary hospitalizations, and provides case~~
 14 ~~management, linkage, follow ups for individuals evaluated.~~

15 ~~8. Certified Reviewer means an individual that obtains certification by completing all~~
 16 ~~requirements set forth in the Authority and Quality Improvement Services Reviewer Training~~
 17 ~~Verification Sheet.~~

18 ~~9. Client or Member means an individual, referred by COUNTY or enrolled in~~
 19 ~~CONTRACTOR's program for services under the Agreement, who experiences chronic mental illness.~~

20 ~~10. Clinical Director means an individual who meets the minimum requirements set forth in~~
 21 ~~Title 9, CCR, and has at least two (2) years of full time professional experience working in a mental~~
 22 ~~health setting.~~

23 ~~11. Crisis Stabilization Unit (CSU) means a psychiatric crisis stabilization program that~~
 24 ~~operates 24 hours a day that services Orange County residents, aged 18 and older, who are experiencing~~
 25 ~~a psychiatric crisis and need immediate evaluation. Clients receive a thorough psychiatric evaluation,~~
 26 ~~crisis stabilization treatment, and referral to the appropriate level of continuing care. As a designated~~
 27 ~~outpatient facility, the CSU may evaluate and treat clients for no longer than 23 hours.~~

28 ~~12. CSW means Clinical Social Worker and refers to an individual who meets the minimum~~
 29 ~~professional and licensure requirements set forth in Title 9, CCR, Section 625, and has two (2) years of~~
 30 ~~post master's clinical experience in a mental health setting.~~

31 ~~13. Data Collection Reporting (DCR) System means a software designed for collection,~~
 32 ~~tracking and reporting outcomes data for Clients enrolled in the FSP Programs.~~

33 ~~a. 3 M's means the Quarterly Assessment Form that is completed for each Client every~~
 34 ~~three months in the approved data collection system.~~

35 ~~b. Data Mining and Analysis Specialist means a person who is responsible for ensuring~~
 36 ~~the program maintains a focus on outcomes, by reviewing outcomes, and analyzing data as well as~~
 37 ~~working on strategies for gathering new data from the Clients' perspective which will improve~~

1 ~~understanding of Clients' needs and desires towards furthering their Recovery. This individual will~~
 2 ~~provide feedback to the program and work collaboratively with the employment specialist, education~~
 3 ~~specialist, benefits specialist, and other staff in the program in strategizing improved outcomes in these~~
 4 ~~areas. This position will be responsible for attending all data and outcome related meetings and~~
 5 ~~ensuring that program is being proactive in all data collection requirements and changes at the local and~~
 6 ~~state level.~~

7 ~~_____ c. Data Certification means the process of reviewing State and COUNTY mandated~~
 8 ~~outcome data for accuracy and signing the Certification of Accuracy of Data form indicating that the~~
 9 ~~data is accurate.~~

10 ~~_____ d. KET means Key Event Tracking and refers to the tracking of a Client's movement or~~
 11 ~~changes in the approved data collection system. A KET must be completed and entered accurately each~~
 12 ~~time the CONTRACTOR is reporting a change from previous Client status in certain categories. These~~
 13 ~~categories include: residential status, employment status, education and benefits establishment.~~

14 ~~_____ e. PAF means Partnership Assessment Form and refers to the baseline assessment for~~
 15 ~~each Client that must be completed and entered into data collection system within thirty (30) days of the~~
 16 ~~Partnership date.~~

17 ~~_____ 14. Diagnosis means the definition of the nature of the Client's disorder. When formulating the~~
 18 ~~Diagnosis of Client, CONTRACTOR shall use the diagnostic codes as specified in the most current~~
 19 ~~edition of the DSM published by the American Psychiatric Association. DSM diagnoses will be~~
 20 ~~recorded on all IRIS documents, as appropriate.~~

21 ~~_____ 15. DSH means Direct Service Hours and refers to a measure in minutes that a clinician spends~~
 22 ~~providing Client services. DSH credit is obtained for providing mental health, case management,~~
 23 ~~medication support and a crisis intervention service to any Client open in IRIS which includes both~~
 24 ~~billable and non-billable services.~~

25 ~~_____ 16. Engagement means the process by which a trusting relationship between worker and~~
 26 ~~Client(s) is established with the goal to link the individual(s) to the appropriate services. Engagement of~~
 27 ~~Client(s) is the objective of a successful Outreach.~~

28 ~~_____ 17. Face to Face means an encounter between Client and provider where they are both~~
 29 ~~physically present.~~

30 ~~_____ 18. FSP means Full Service Partnership and refers to a type of program described by the State~~
 31 ~~in the requirements for the COUNTY plan for use of MHSA funds and which includes Clients being a~~
 32 ~~full partner in the development and implementation of their treatment plan. A FSP is an evidence-based~~
 33 ~~and strength-based model, with the focus on the individual rather than the disease. Multi-disciplinary~~
 34 ~~teams will be established including the Client, Psychiatrist, and PSC. Whenever possible, these multi-~~
 35 ~~disciplinary teams will include a mental health nurse, marriage and family therapist, clinical social~~
 36 ~~worker, peer specialist, and family members. The ideal Client to staff ratio~~

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1 ~~will be in the range of fifteen to twenty (15 – 20) to one (1), ensuring relationship building and intense~~
 2 ~~service delivery.~~

3 ~~_____ a. Services will include, but not be limited to, the following:~~

4 ~~_____ 1) Crisis management;~~

5 ~~_____ 2) Housing Services;~~

6 ~~_____ 3) Twenty four (24) hours per day, seven (7) days per week intensive case~~
 7 ~~management;~~

8 ~~_____ 4) Community based Wraparound Recovery Services;~~

9 ~~_____ 5) Vocational and Educational services;~~

10 ~~_____ 6) Job Coaching/Developing;~~

11 ~~_____ 7) Client employment;~~

12 ~~_____ 8) Money management/Representative Payee support;~~

13 ~~_____ 9) Flexible Fund account for immediate needs;~~

14 ~~_____ 10) Transportation;~~

15 ~~_____ 11) Illness education and self management;~~

16 ~~_____ 12) Medication Support;~~

17 ~~_____ 13) Co-occurring Services;~~

18 ~~_____ 14) Linkage to financial benefits/entitlements;~~

19 ~~_____ 15) Family and Peer Support; and~~

20 ~~_____ 16) Supportive socialization and meaningful community roles.~~

21 ~~_____ b. Client services are focused on Recovery and harm reduction to encourage the highest~~
 22 ~~level of Client empowerment and independence achievable. PSC's will meet with the Client in their~~
 23 ~~current community setting and will develop a supportive relationship with the individual served.~~
 24 ~~Substance use treatment will be integrated into services and provided by the Client's team to individuals~~
 25 ~~with a co-occurring disorder.~~

26 ~~_____ c. The FSP shall offer "whatever it takes" to engage seriously mentally ill adults,~~
 27 ~~including those who are dually diagnosed, in a partnership to achieve the individual's wellness and~~
 28 ~~Recovery goals. Services shall be non-coercive and focused on engaging people in the field. The goal~~
 29 ~~of FSP Programs is to assist the Client's progress through pre-determined quality of life outcome~~
 30 ~~domains (housing, decreased jail, decreased hospitalization, increased education involvement, increased~~
 31 ~~employment opportunities and retention, linkage to medical providers, etc.) and become more~~
 32 ~~independent and self-sufficient as Clients move through the continuum of Recovery and evidence by~~
 33 ~~progressing to lower level of care or out of the "intensive case management need" category.~~

34 ~~_____ 19. Housing Specialist means a specialized position dedicated to developing the full array of~~
 35 ~~housing options for their program and monitoring their suitability for the population served in~~
 36 ~~accordance with the minimal housing standards policy set by the COUNTY for their program. This~~

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1 individual is also responsible for assisting Clients with applications to low income housing, housing
2 subsidies, senior housing, etc.

3 ~~20. Individual Services and Support Funds – Flexible Funds means funds intended for use to
4 provide Clients and/or their families with immediate assistance, as deemed necessary, for the treatment
5 of their mental illness and their overall quality of life. Flexible Funds are generally categorized as
6 housing, Client transportation, food, clothing, medical and miscellaneous expenditures that are
7 individualized and appropriate to support Client’s mental health treatment activities.~~

8 ~~21. Intake means the initial meeting between a Client and CONTRACTOR’s staff and includes
9 an evaluation to determine if the Client meets program criteria and is willing to seek services.~~

10 ~~22. Intern means an individual enrolled in an accredited graduate program accumulating
11 clinically supervised work experience hours as part of field work, internship, or practicum requirements.
12 Acceptable graduate programs include all programs that assist the student in meeting the educational
13 requirements in becoming a MFT, a licensed CSW, or a licensed Clinical Psychologist.~~

14 ~~23. IRIS means Integrated Records Information System and refers to a collection of
15 applications and databases that serve the needs of programs within the COUNTY and includes
16 functionality such as registration and scheduling, laboratory information system, billing and reporting
17 capabilities, compliance with regulatory requirements, electronic medical records and other relevant
18 applications.~~

19 ~~24. Job Coach/Developer means a specialized position dedicated to cultivating and nurturing
20 employment opportunities for the Clients and matching the job to the Client’s strengths, abilities,
21 desires, and goals. This position will also integrate knowledge about career development and job
22 preparation to ensure successful job retention and satisfaction of both employer and employee.~~

23 ~~25. Linkage means to assist an individual to connect with a referral.~~

24 ~~26. Medical Necessity means the requirements as defined in the COUNTY MHP Medical
25 Necessity for Medi-Cal reimbursed Specialty Mental Health Services that includes Diagnosis,
26 Impairment Criteria and Intervention-Related Criteria.~~

27 ~~27. Member Advisory Board means a member-driven board which shall direct the activities,
28 provide recommendations for ongoing program development, and create the rules of conduct for the
29 program.~~

30 ~~28. Mental Health Services means interventions designed to provide the maximum reduction of
31 mental disability and restoration or maintenance of functioning consistent with the requirements for
32 learning, development and enhanced self-sufficiency. Services shall include:~~

33 ~~a. Assessment means a service activity, which may include a clinical analysis of the
34 history and current status of a beneficiary’s mental, emotional, or behavioral disorder, relevant cultural
35 issues and history, Diagnosis and the use of testing procedures.~~

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~~1 b. Collateral means a significant support person in a beneficiary's life and is used to
2 define services provided to them with the intent of improving or maintaining the mental health status of
3 the Client. The beneficiary may or may not be present for this service activity.~~

~~4 c. Co-Occurring Integrated Treatment Model means, in evidence-based Integrated
5 Treatment programs, Clients who receive a combined treatment for mental illness and substance use
6 disorders from the same practitioner or treatment team.~~

~~7 d. Crisis Intervention means a service, lasting less than twenty four (24) hours, to or on
8 behalf of a Client for a condition which requires more timely response than a regularly scheduled visit.
9 Service activities may include, but are not limited to, assessment, collateral and therapy.~~

~~10 e. Medication Support Services means those services provided by a licensed physician,
11 registered nurse, or other qualified medical staff, which includes prescribing, administering, dispensing
12 and monitoring of psychiatric medications or biologicals and which are necessary to alleviate the
13 symptoms of mental illness. These services also include evaluation and documentation of the clinical
14 justification and effectiveness for use of the medication, dosage, side effects, compliance and response
15 to medication, as well as obtaining informed consent, providing medication education and plan
16 development related to the delivery of the service and/or assessment of the beneficiary.~~

~~17 f. Rehabilitation Service means an activity which includes assistance in improving,
18 maintaining, or restoring a Client's or group of Clients' functional skills, daily living skills, social and
19 leisure skill, grooming and personal hygiene skills, meal preparation skills, support resources and/or
20 medication education.~~

~~21 g. Targeted Case Management means services that assist a beneficiary to access needed
22 medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The
23 service activities may include, but are not limited to, communication, coordination and referral;
24 monitoring service delivery to ensure beneficiary access to service and the service delivery system;
25 monitoring of the beneficiary's progress; and plan development.~~

~~26 h. Therapy means a service activity which is a therapeutic intervention that focuses
27 primarily on symptom reduction as a means to improve functional impairments. Therapy may be
28 delivered to an individual or group of beneficiaries which may include family therapy in which the
29 beneficiary is present.~~

~~30 29. Mental Health Worker means an individual that assists in planning, developing and
31 evaluating mental health services for Clients; provides liaison between Clients and service providers;
32 and has obtained a Bachelor's degree in a behavioral science field such as psychology, counseling, or
33 social work, or has two years of experience providing client related services to Clients experiencing
34 mental health, and substance use disorders. Education in a behavioral science field such as psychology,
35 counseling, or social work may be substituted for up to one year of the experience requirement.~~

~~36 30. MFT means Marriage and Family Therapist and refers to an individual who meets the
37 minimum professional and licensure requirements set forth in CCR, Title 9, Section 625.~~

1 ~~31. MHS means Mental Health Specialist and refers to an individual who has a Bachelor's~~
 2 ~~Degree and four years of experience in a mental health setting and who performs individual and group~~
 3 ~~case management studies.~~

4 ~~32. MHSA means Mental Health Services Act and refers to the law that provides funding for~~
 5 ~~expanded community Mental Health Services. It is also known as "Proposition 63."~~

6 ~~33. MORS means Milestones of Recovery Scale and refers to a Recovery scale that COUNTY~~
 7 ~~will be using for the Adult mental health programs in COUNTY. The scale will provide the means of~~
 8 ~~assigning Clients to their appropriate level of care and replace the diagnostic and acuity of illness based~~
 9 ~~tools being used today. MORS is ideally suited to serve as a Recovery based tool for identifying the~~
 10 ~~level of service needed by participating members. The scale will be used to create a map of the system~~
 11 ~~by determining which milestone(s) or level of Recovery (based on the MORS) are the target groups for~~
 12 ~~different programs across the continuum of programs and services offered by COUNTY.~~

13 ~~34. NOA A means Notice of Action and refers to a Medi-Cal requirement that informs the~~
 14 ~~beneficiary that he/she is not entitled to any specialty mental health service. The COUNTY has~~
 15 ~~expanded the requirement for an NOA A to all individuals requesting an assessment for services and~~
 16 ~~found not to meet the Medical Necessity criteria for specialty Mental Health Services.~~

17 ~~35. NPI means National Provider Identifier and refers to the standard unique health identifier~~
 18 ~~that was adopted by the Secretary of HHS under HIPAA for health care providers. All HIPAA covered~~
 19 ~~healthcare providers, individuals and organizations must obtain an NPI for use to identify themselves in~~
 20 ~~HIPAA standard transactions. The NPI is assigned for life.~~

21 ~~36. NPP means Notice of Privacy Practices and refers to a document that notifies individuals of~~
 22 ~~uses and disclosures of PHI that may be made by or on behalf of the health plan or health care provider~~
 23 ~~as set forth in HIPAA.~~

24 ~~37. Outreach means the Outreach to potential Clients to link them to appropriate Mental Health~~
 25 ~~Services and may include activities that involve educating the community about the services offered and~~
 26 ~~requirements for participation in the programs. Such activities should result in the CONTRACTOR~~
 27 ~~developing their own Client referral sources for the programs they offer.~~

28 ~~38. Peer Recovery Specialist/Counselor means an individual who has been through the same or~~
 29 ~~similar Recovery process as those he/she is now assisting to attain their Recovery goals while getting~~
 30 ~~paid for this function by the program. A Peer Recovery Specialist/Counselor's practice is informed by~~
 31 ~~his/her own experience.~~

32 ~~39. Pharmacy Benefits Manager means the organization that manages the medication benefits~~
 33 ~~that are given to Clients that qualify for medication benefits.~~

34 ~~40. PHI means Personal Health Information and refers to individually identifiable health~~
 35 ~~information usually transmitted by electronic media, maintained in any medium as defined in the~~
 36 ~~regulations, or for an entity such as a health plan, transmitted or maintained in any other medium. It is~~
 37 ~~created or received by a covered entity and relates to the past, present, or future physical or mental~~

1 ~~health or condition of an individual, provision of health care to an individual, or the past, present, or~~
 2 ~~future payment for health care provided to an individual.~~

3 ~~——— 41. Pre-Licensed Psychologist means an individual who has obtained a Ph.D. or Psy.D. in~~
 4 ~~Clinical Psychology and is registered with the Board of Psychology as a registered Psychology Intern or~~
 5 ~~Psychological Assistant, acquiring hours for licensing and waived in accordance with Welfare and~~
 6 ~~Institutions Code section 575.2. The waiver may not exceed five (5) years.~~

7 ~~——— 42. Plan Coordinator means an MHS, CSW, or MFT that provides mental, crisis intervention~~
 8 ~~and case management services to those Clients who seek services in the COUNTY-operated outpatient~~
 9 ~~programs.~~

10 ~~——— 43. Pre-Licensed Therapist means an individual who has obtained a Master's Degree in Social~~
 11 ~~Work or Marriage and Family Therapy and is registered with the BBS as an Associate CSW or MFT~~
 12 ~~Intern acquiring hours for licensing. An individual's registration is subject to regulations adopted by the~~
 13 ~~BBS.~~

14 ~~——— 44. Program Director means an individual who has complete responsibility for the day to day~~
 15 ~~function of the program. The Program Director is the highest level of decision making at a local,~~
 16 ~~program level.~~

17 ~~——— 45. Promotora de Salud Model means a model where trained individuals, Promotores, work~~
 18 ~~towards improving the health of their communities by linking their neighbors to health care and social~~
 19 ~~services, educating their peers about mental illness, disease and injury prevention.~~

20 ~~——— 46. Promotores means individuals who are members of the community who function as natural~~
 21 ~~helpers to address some of their communities' unmet mental health, health and human service needs.~~
 22 ~~They are individuals who represent the ethnic, socio-economic and educational traits of the population~~
 23 ~~he/she serves. Promotores are respected and recognized by their peers and have the pulse of the~~
 24 ~~community's needs.~~

25 ~~——— 47. PSC means Personal Services Coordinator and refers to an individual who will be part of a~~
 26 ~~multi-disciplinary team that will provide community based Mental Health Services to adults that are~~
 27 ~~struggling with persistent and severe mental illness as well as homelessness, rehabilitation and Recovery~~
 28 ~~principles. The PSC is responsible for clinical care and case management of assigned Client and~~
 29 ~~families in a community, home, or program setting. This includes assisting Clients with mental health,~~
 30 ~~housing, vocational and educational needs. The position is also responsible for administrative and~~
 31 ~~clinical documentation as well as participating in trainings and team meetings. The PSC shall be active~~
 32 ~~in supporting and implementing the program's philosophy and its individualized, strength-based,~~
 33 ~~culturally/linguistically competent and Client-centered approach.~~

34 ~~——— 48. Psychiatrist means an individual who meets the minimum professional and licensure~~
 35 ~~requirements set forth in Title 9, CCR, Section 623.~~

36 ~~——— 49. Psychologist means an individual who meets the minimum professional and licensure~~
 37 ~~requirements set forth in Title 9, CCR, Section 624.~~

1 ~~50. QIC means Quality Improvement Committee and refers to a committee that meets quarterly~~
 2 ~~to review one percent (1%) of all “high risk” Medi Cal Clients to monitor and evaluate the quality and~~
 3 ~~appropriateness of services provided. At a minimum, the committee is comprised of one (1)~~
 4 ~~CONTRACTOR administrator, one (1) Clinician and one (1) Physician who are not involved in the~~
 5 ~~clinical care of the cases.~~

6 ~~51. Recovery means a process of change through which individuals improve their health and~~
 7 ~~wellness, live a self directed life, and strive to reach their full potential, and identifies four major~~
 8 ~~dimensions to support Recovery in life:~~

9 ~~a. Health: Overcoming or managing one’s disease(s) as well as living in a physically and~~
 10 ~~emotionally healthy way;~~

11 ~~b. Home: A stable and safe place to live;~~

12 ~~c. Purpose: Meaningful daily activities, such as a job, school, volunteerism, family~~
 13 ~~caretaking, or creative endeavors, and the independence, income, and resources to participate in society;~~
 14 ~~and~~

15 ~~d. Community: Relationships and social networks that provide support, friendship, love,~~
 16 ~~and hope.~~

17 ~~52. Referral means the act of sending an individual to another person or place for services,~~
 18 ~~help, advice, etc.~~

19 ~~53. SUD means Substance Use Disorder and refers to a condition in which the use of one or~~
 20 ~~more substances leads to a clinically significant impairment or distress per the DSM 5.~~

21 ~~54. Supportive Housing PSC means a person who provides services in a supportive housing~~
 22 ~~structure. This person will coordinate activities which will include, but not be limited to: independent~~
 23 ~~living skills, social activities, supporting communal living, assisting residents with conflict resolution,~~
 24 ~~advocacy, and linking Clients with the assigned PSC for clinical issues. Supportive Housing PSC will~~
 25 ~~consult with the multidisciplinary team of Clients assigned by the program. The PSCs will be active in~~
 26 ~~supporting and implementing a full service partnership philosophy and its individualized, strengths-~~
 27 ~~based, culturally appropriate, and Client centered approach.~~

28 ~~55. Supervisory Review means ongoing clinical case reviews in accordance with procedures~~
 29 ~~developed by ADMINISTRATOR, to determine the appropriateness of Diagnosis and treatment and to~~
 30 ~~monitor compliance to the minimum ADMINISTRATOR and Medi Cal charting standards.~~
 31 ~~Supervisory review is conducted by the program/clinic director or designee.~~

32 ~~56. Token means the security device which allows an individual user to access the COUNTY’s~~
 33 ~~computer based IRIS.~~

34 ~~57. UMDAP means the Uniform Method of Determining Ability to Pay and refers to the~~
 35 ~~method used for determining the annual Client liability for Mental Health Services received from the~~
 36 ~~COUNTY mental health system and is set by the State of California.~~

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~~58. Vocational/Educational Specialist means a person who provides services that range from pre-vocational groups, trainings and supports to obtain employment out in the community based on the Clients' level of need and desired support. The Vocational/Educational Specialist will provide "one-on-one" vocational counseling and support to Clients to ensure that their needs and goals are being met. The overall focus of Vocational/Educational Specialist is to empower Clients and provide them with the knowledge and resources to achieve the highest level of vocational functioning possible.~~

~~59. WRAP means Wellness Recovery Action Plan and refers to a Client self-help technique for monitoring and responding to symptoms to achieve the highest possible levels of wellness, stability, and quality of life.~~

~~B. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Common Terms and Definitions Paragraph of this Exhibit A to the Agreement.~~

H. BUDGET

~~"A. COUNTY shall pay CONTRACTOR in accordance with the Payments Paragraph in this Exhibit A to the Agreement and the following budget, which are set forth for informational purposes only and may be adjusted by mutual agreement, in advance and in writing, by ADMINISTRATOR and CONTRACTOR.~~

	PERIOD ONE	PERIOD TWO	PERIOD THREE	TOTAL
ADMINISTRATIVE COST				
Indirect Costs	\$ 612,891	\$ 612,891	\$ 612,891	\$ 1,838,673
SUBTOTAL	\$ 612,891	\$ 612,891	\$ 612,891	\$ 1,838,673
ADMINISTRATIVE COST				
PROGRAM COST				
Salaries	\$1,874,139	\$1,797,119	\$1,797,119	\$ 5,468,377
Benefits	—720,077	—720,077	—720,077	—2,160,231
Services and Supplies	—605,135	—682,155	—682,155	—1,969,445
Flexible Funds	—289,312	—289,312	—289,312	—867,936
Subcontracts	—597,277	—597,277	—597,277	—1,791,831
SUBTOTAL PROGRAM	\$4,085,940	\$4,085,940	\$4,085,940	\$12,257,820
COST				
GROSS COST	\$4,698,831	\$4,698,831	\$4,698,831	\$14,096,493

1 REVENUE

2	—— FFP Medi-Cal	\$1,527,120	\$1,527,120	\$1,527,120	\$ 4,581,360
3	—— MHSA Medi-Cal	-1,527,120	-1,527,120	-1,527,120	-4,581,360
4	—— MHSA	-1,644,591	-1,644,591	-1,644,591	-4,933,773
5	TOTAL REVENUE	\$4,698,831	\$4,698,831	\$4,698,831	\$14,096,493

6
7 ~~MAXIMUM OBLIGATION~~ ~~\$4,698,831~~ ~~\$4,698,831~~ ~~\$4,698,831~~ ~~\$14,096,493~~

8 //

9 ~~—— B. CONTRACTOR and ADMINISTRATOR mutually agree that the Total Budget identified in~~
10 ~~Subparagraph II.A. of this Exhibit A to the Agreement includes Indirect Costs not to exceed fifteen~~
11 ~~percent (15%) of Direct Costs, and which may include operating income estimated at two percent (2%).~~
12 ~~Final settlement paid to CONTRACTOR shall include Indirect Costs and such Indirect Costs may~~
13 ~~include operating income.~~

14 ~~—— C. CONTRACTOR agrees that the amount of MHSA Medi-Cal Match is dependent upon, and~~
15 ~~shall at no time be greater than, the amount of Federal Medi-Cal actually generated by CONTRACTOR,~~
16 ~~unless authorized by ADMINISTRATOR.~~

17 ~~—— D. In the event CONTRACTOR collects fees and insurance, including Medicare, for services~~
18 ~~provided pursuant to the Agreement, CONTRACTOR may make written application to~~
19 ~~ADMINISTRATOR to retain such revenues; provided, however, the application must specify that the~~
20 ~~fees and insurance will be utilized exclusively to provide mental health services. ADMINISTRATOR~~
21 ~~may, at its sole discretion, approve any such retention of revenues. Approval by ADMINISTRATOR~~
22 ~~shall be in writing to CONTRACTOR and will specify the amount of said revenues to be retained and~~
23 ~~the quantity of services to be provided by CONTRACTOR. Fees received from private resources on~~
24 ~~behalf of Medi-Cal Clients shall not be eligible for retention by CONTRACTOR.~~

25 ~~—— E. The parties agree that the above budget reflects an average Medi-Cal Client caseload of~~
26 ~~approximately forty five percent (45%) to be maintained by CONTRACTOR. CONTRACTOR agrees~~
27 ~~to accept COUNTY referrals that may result in an increase in this average.~~

28 ~~—— F. FLEXIBLE FUNDS~~

29 ~~—— 1. CONTRACTOR shall develop a P&P, or revise the existing P&P regarding Flexible Funds~~
30 ~~and submit to ADMINISTRATOR no later than twenty (20) calendar days from the start of the~~
31 ~~Agreement. ADMINISTRATOR and CONTRACTOR shall finalize and approve the P&P, in writing,~~
32 ~~no later than thirty (30) days from the start of the Agreement. If the Flexible Funds P&P has not been~~
33 ~~approved after thirty (30) days from the start of the Agreement, any subsequent Flexible Funds~~
34 ~~expenditures may be disallowed by ADMINISTRATOR.~~

35 ~~—— 2. CONTRACTOR shall ensure that utilization of Flexible Funds is individualized and~~
36 ~~appropriate for the treatment of Client's mental illness and overall quality of life.~~

37 ~~—— 3. CONTRACTOR shall report the utilization of their Flexible Funds monthly on a form~~

~~approved by ADMINISTRATOR. The Flexible Funds report shall be submitted with CONTRACTOR's monthly Expenditure and Revenue Report.~~

~~4. CONTRACTOR shall ensure that all staff is trained and has a clear understanding of the approved Flexible Funds P&P. CONTRACTOR will provide signature confirmation of the Flexible Funds P&P training for each staff member that utilizes these Flexible Funds for a Client.~~

~~5. CONTRACTOR shall ensure the Flexible Funds P&P will include, but not be limited to, the following:~~

~~a. Purpose for which Flexible Funds are to be utilized. This shall include a description of what type of expenditures are appropriate, reasonable, justified and that the expenditure of Flexible Funds shall be individualized according to Client's needs. Include a sample listing of certain expenditures that are allowable, unallowable, or require discussion with ADMINSTRATOR;~~

~~b. Identification of specific CONTRACTOR staff designated to authorize Flexible Funds expenditures and the mechanism used to ensure this staff has timely access to Flexible Funds. This may include procedures for check requests/petty cash, or other methods of access to these funds;~~

~~c. Identification of the process for documenting and accounting for all Flexible Funds expenditures, which shall include, but not be limited to, retention of comprehensible source documentation such as receipts, copy of Client's lease/rental agreements, general ledgers needs documented in Client's treatment plan;~~

~~d. Statement indicating that Flexible Funds may be utilized when other community resources such as family/friends, food banks, shelters, charitable organizations, etc. are not available in a timely manner, or are not appropriate for a Client's situation. PSCs will assist Clients in exploring other available resources, whenever possible, prior to utilizing Flexible Funds;~~

~~e. Statement indicating that no single Flexible Funds expenditure, in excess of \$1,000, shall be made without prior written approval of ADMINISTRATOR. In emergency situations, CONTRACTOR may exceed the \$1,000 limit, if appropriate and justified, and shall notify ADMINISTRATOR the next business day of such an expense. Said notification shall include total costs and a justification for the expense. Failure to notify ADMINISTRATOR within the specified timeframe may result in disallowance of the expenditure;~~

~~f. Statement that pre-purchases shall only be for food, transportation, clothing and motels, as required and appropriate;~~

~~g. Statement indicating that pre-purchases of food, transportation and clothing vouchers and/or gift cards shall be limited to a combined, \$5,000 supply on hand at any given time and that all voucher and/or gift card purchases and disbursement shall be tracked and logged by designated CONTRACTOR staff. Vouchers and/or gift cards shall be limited in monetary value to less than twenty five (\$25) each, unless otherwise approved in advance by ADMINISTRATOR in writing;~~

~~h. Statement indicating that pre-purchases for motels shall be on a case by case basis and time limited in nature and only utilized while more appropriate housing is being located. Pre-purchase~~

1 of motel rooms shall be tracked and logged upon purchase and disbursement;

2 ~~_____ i. Statement indicating that Flexible Funds are not to be used for housing for Clients that~~
 3 ~~have not been enrolled in CONTRACTOR's program, unless approved, in advance and in writing, by~~
 4 ~~ADMINISTRATOR;~~

5 ~~_____ j. Statement indicating that Flexible Funds shall not be given in the form of cash to any~~
 6 ~~Clients either enrolled or in the outreach and engagement phase of the CONTRACTOR's program; and~~

7 ~~_____ k. Identification of procedure to ensure secured storage and documented disbursement of~~
 8 ~~gift cards and vouchers for Clients, including end of year process accounting for gift cards still in staff~~
 9 ~~possession.~~

10 ~~— G. BUDGET/STAFFING MODIFICATIONS — CONTRACTOR may request to shift funds~~
 11 ~~between programs, or between budgeted line items within a program, for the purpose of meeting~~
 12 ~~specific program needs or for providing continuity of care to its Clients, by utilizing a Budget/Staffing~~
 13 ~~Modification Request form provided by ADMINISTRATOR. CONTRACTOR shall submit a properly~~
 14 ~~completed Budget/Staffing Modification Request to ADMINISTRATOR for consideration, in advance,~~
 15 ~~which will include a justification narrative specifying the purpose of the request, the amount of said~~
 16 ~~funds to be shifted, and the sustaining annual impact of the shift as may be applicable to the current~~
 17 ~~contract period and/or future contract periods. CONTRACTOR shall obtain written approval of any~~
 18 ~~Budget/Staffing Modification Request(s) from ADMINISTRATOR prior to implementation by~~
 19 ~~CONTRACTOR. Failure of CONTRACTOR to obtain written approval from ADMINISTRATOR for~~
 20 ~~any proposed Budget/Staffing Modification Request(s) may result in disallowance of those costs.~~

21 ~~— H. FINANCIAL RECORDS — CONTRACTOR shall prepare and maintain accurate and complete~~
 22 ~~financial records of its cost and operating expenses. Such records will reflect the actual cost of the type~~
 23 ~~of service for which payment is claimed. Any apportionment of or distribution of costs, including~~
 24 ~~indirect costs, to or between programs or cost centers of CONTRACTOR shall be documented, and will~~
 25 ~~be made in accordance with generally accepted principles of accounting, and Medicare regulations. The~~
 26 ~~Client eligibility determination and fee charged to and collected from Clients, together with a record of~~
 27 ~~all billings rendered and revenues received from any source, on behalf of Clients treated pursuant to the~~
 28 ~~Agreement, must be reflected in CONTRACTOR's financial records.~~

29 ~~— I. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the~~
 30 ~~Budget Paragraph of this Exhibit A to the Agreement.~~

31 **III. PAYMENTS**

32 ~~— A. COUNTY shall pay CONTRACTOR monthly, in arrears, at the provisional amount of~~
 33 ~~\$391,569 per month for Period One, Period Two, and Period Three. All payments are interim payments~~
 34 ~~only, and subject to final settlement in accordance with the Cost Report Paragraph of the Agreement for~~
 35 ~~which CONTRACTOR shall be reimbursed for the actual cost of providing the services, which may~~
 36 ~~include Indirect Administrative Costs, as identified in Subparagraph II.A. of this Exhibit A to the~~
 37 ~~Agreement.~~

~~1 Agreement; provided, however, the total of such payments does not exceed the Maximum Obligation for
2 each period as stated in the Referenced Contract Provisions of the Agreement and provided further,
3 CONTRACTOR's costs are reimbursable pursuant to COUNTY, state, and/or federal regulations.
4 ADMINISTRATOR may, at its discretion, pay supplemental invoices for any month for which the
5 provisional amount specified above has not been fully paid.~~

~~6 ——— 1. In support of the monthly invoice, CONTRACTOR shall submit an Expenditure and
7 Revenue Report as specified in the Reports Paragraph of this Exhibit A to the Agreement.
8 ADMINISTRATOR shall use the Expenditure and Revenue Report to determine payment to
9 CONTRACTOR as specified in Subparagraphs A.2. and A.3., below.~~

~~10 ——— 2. If, at any time, CONTRACTOR's Expenditure and Revenue Reports indicate that the
11 provisional amount payments exceed the actual cost of providing services, ADMINISTRATOR may
12 reduce COUNTY payments to CONTRACTOR by an amount not to exceed the difference between the
13 year to date provisional amount payments to CONTRACTOR's and the year to date actual cost
14 incurred by CONTRACTOR.~~

~~15 ——— 3. If, at any time, CONTRACTOR's Expenditure and Revenue Reports indicate that the
16 provisional amount payments are less than the actual cost of providing services, ADMINISTRATOR
17 may authorize an increase in the provisional amount payment to CONTRACTOR by an amount not to
18 exceed the difference between the year to date provisional amount payments to CONTRACTOR and
19 the year to date actual cost incurred by CONTRACTOR.~~

~~20 — B. CONTRACTOR's invoice shall be on a form approved or supplied by COUNTY and provide
21 such information as is required by ADMINISTRATOR. Invoices are due the tenth (10th) day of each
22 month. Invoices received after the due date may not be paid within the same month. Payments to
23 CONTRACTOR should be released by COUNTY no later than twenty one (21) calendar days after
24 receipt of the correctly completed invoice.~~

~~25 — C. All invoices to COUNTY shall be supported, at CONTRACTOR's facility, by source
26 documentation including, but not limited to, ledgers, journals, time sheets, invoices, bank statements,
27 canceled checks, receipts, receiving records and records of services provided.~~

~~28 — D. ADMINISTRATOR may withhold or delay any payment if CONTRACTOR fails to comply
29 with any provision of the Agreement.~~

~~30 — E. COUNTY shall not reimburse CONTRACTOR for services provided beyond the expiration
31 and/or termination of the Agreement, except as may otherwise be provided under the Agreement, or
32 specifically agreed upon in a subsequent Agreement.~~

~~33 — F. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
34 Payments Paragraph of this Exhibit A to the Agreement.~~

~~35 #~~

~~36 //~~

~~37 //~~

IV. REPORTS

~~— A. CONTRACTOR shall maintain records and make statistical reports as required by ADMINISTRATOR and the DHCS on forms provided by either agency.~~

~~— B. FISCAL~~

~~1. CONTRACTOR shall submit monthly Expenditure and Revenue Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will report actual costs and revenues for CONTRACTOR's program described in the Services Paragraph of this Exhibit A to the Agreement. Such reports will also include actual productivity as defined by ADMINISTRATOR. The reports will be received by ADMINISTRATOR no later than the twentieth (20th) day following the end of the month being reported. CONTRACTOR must request in writing any extensions to the due date of the monthly required reports. If an extension is approved by ADMINISTRATOR, the total extension will not exceed more than five (5) calendar days.~~

~~2. CONTRACTOR shall submit monthly Year End Projection Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will report anticipated year end actual costs and revenues for CONTRACTOR's program described in the Services Paragraph of this Exhibit A to the Agreement. Such reports will include actual monthly costs and revenue to date and anticipated monthly costs and revenue to the end of the fiscal year. Year End Projection Reports will be submitted in conjunction with the Monthly Expenditure and Revenue Reports.~~

~~— C. STAFFING CONTRACTOR shall submit monthly Staffing Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will, at a minimum, report the actual FTEs of the positions stipulated in the Staffing Paragraph of this Exhibit A to the Agreement and will include the employees' names, licensure status, monthly salary, hire and/or termination date and any other pertinent information as may be required by ADMINISTRATOR. The reports will be received by ADMINISTRATOR no later than twenty (20) calendar days following the end of the month being reported.~~

~~— D. PROGRAMMATIC~~

~~1. CONTRACTOR shall submit programmatic reports to ADMINISTRATOR, as indicated below, on a form acceptable to or provided by ADMINISTRATOR, which will be received by ADMINISTRATOR no later than twenty (20) calendar days following the end of the month/quarter being reported unless otherwise specified. Mental Health Programmatic reports will include the following:~~

~~— a. A description of CONTRACTOR's progress in implementing the provisions of this Agreement;~~

~~— b. Report of placement and movement of Clients along the continuum of services using guidelines for monthly report of the number of 5150 participants;~~

~~— c. Voluntary and involuntary hospitalizations and special incidences;~~

~~1 d. Vocational programs, educational programs, including new job placements, Clients in
2 continuing employment.~~

~~3 e. Reporting of the numbers of Clients based upon their level of function in the MORs
4 Level system;~~

~~5 f. Chart compliance by percentage of compliance with all Medi-Cal records, in addition
6 to any pertinent facts or interim findings, staff changes, status of Licenses and/or Certifications, changes
7 in population served and reasons for any such changes.~~

~~8 g. CONTRACTOR statement whether the program is or is not progressing satisfactorily
9 in achieving all the terms of this Agreement, and if not, shall specify what steps will be taken to achieve
10 satisfactory progress.~~

~~11 2. CONTRACTOR shall document all adverse incidents affecting the physical and/or
12 emotional welfare of Clients, including but not limited to serious physical harm to self or others, serious
13 destruction of property, developments, etc., and which may raise liability issues with COUNTY.
14 CONTRACTOR shall notify COUNTY within twenty four (24) hours of any such serious adverse
15 incident.~~

~~16 3. CONTRACTOR shall advise ADMINISTRATOR of any special incidents, conditions, or
17 issues that adversely affect the quality or accessibility of Client related services provided by, or under
18 contract with, the COUNTY as identified in the HCA P&Ps.~~

~~19 E. ADDITIONAL REPORTS Upon ADMINISTRATOR's request, CONTRACTOR shall make
20 such additional reports as required by ADMINISTRATOR concerning CONTRACTOR's activities as
21 they affect the services hereunder. ADMINISTRATOR shall be specific as to the nature of information
22 requested and allow up to thirty (30) calendar days for CONTRACTOR to respond.~~

~~23 F. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
24 Reports Paragraph of this Exhibit A to the Agreement.~~

V. SERVICES

~~27 A. FACILITY CONTRACTOR shall maintain a facility which meets the minimum requirements
28 for Medi-Cal and Medicare eligibility for the provision of General Population Full Service Partnership
29 Services for exclusive use by COUNTY at the following location, or any other location approved, in
30 advance, in writing, by ADMINISTRATOR:~~

~~31
32 TAO North
33 2531 West Woodland Dr.
34 Anaheim, CA 92801
35~~

~~36 #
37 #~~

~~1. The facility shall include space to support the services identified within the Agreement.~~

~~2. CONTRACTOR shall maintain regularly scheduled service hours, Monday through Friday, in adherence with COUNTY's regularly scheduled service hours and holidays. In addition, the CONTRACTOR shall operate extended hours at least two (2) evenings or day per week and provide limited weekend services and activities to accommodate Clients' needs. Any change or deviation from this schedule must have prior approval from COUNTY. CONTRACTOR agrees to provide access by phone or in person to its Clients twenty four (24) hours per day, seven (7) days per week, whichever the situation indicates.~~

~~3. CONTRACTOR shall maintain a holiday schedule consistent with the COUNTY's holiday schedule, unless otherwise approved, in advance and in writing, by ADMINISTRATOR.~~

~~4. CONTRACTOR shall obtain a NPI—The standard unique health identifier adopted by the Secretary of HHS under HIPAA of 1996 for health care providers.~~

~~B. INDIVIDUALS TO BE SERVED—Seriously and persistently mentally ill adults, ages eighteen (18) years and older and must be legally residing in Orange County and otherwise eligible for public services under Federal and State law. ADMINISTRATOR will serve as a principal gatekeeper to potential Clients with one or more of the following conditions:~~

~~1. Homelessness or at risk of homelessness;~~

~~2. At risk of institutionalization or hospitalization;~~

~~3. Co-occurring substance use disorders; or~~

~~4. Unserved or underserved or not successfully engaged in traditional mental health services.~~

~~C. PROGRAM PHILOSOPHIES—CONTRACTOR's program shall be guided by the following values, philosophies, and approaches to Recovery in the services provided:~~

~~1. Ensuring Cultural Considerations—CONTRACTOR shall tailor services to the Clients' worldview and belief systems and to enhance the therapeutic relationship, intervention, and outcome. Consideration to how Clients' identify in terms of race, ethnicity, sexual orientation, and spirituality shall be considered when developing and providing services.~~

~~2. Being Fully Served, Ensuring Integrated Experience—To begin to understand and apply FSP practices, one must first understand the concepts inherent in the carefully selected phrase Full Service Partnership, including the idea of what it means to "be fully served" and providing an integrated service experience within the FSP. Individuals who have been diagnosed with a serious mental illness shall receive mental health services through an individual service plan where both the Client and their PSC agree that they are getting the services they want and need, in order to achieve their wellness and Recovery goals.~~

~~3. Tailoring Service Coordination to Client Stage of Recovery—CONTRACTOR shall identify and define levels of service and supports that create a continuum of services based on the Clients' stages of Recovery to ensure that Clients are "fully served."~~

~~#~~

1 ~~4. Outreach and Engagement~~ ~~CONTRACTOR shall form the foundation of a partnership by~~
 2 ~~bringing individuals successfully into the FSP as well as to retain Clients in the FSP while they need~~
 3 ~~services.~~

4 ~~5. Welcoming Environments~~ ~~CONTRACTOR shall convey a sense of welcoming to Clients~~
 5 ~~that reflects the belief in Recovery. The healing and Recovery process will not truly begin until a Client~~
 6 ~~feels welcomed and accepted into the services and supports provided by the FSP team.~~

7 ~~6. Stage of Readiness for Change~~ ~~CONTRACTOR shall effect change by first focusing~~
 8 ~~interventions based on Clients' Stage of Readiness of Change toward changing behaviors and have~~
 9 ~~concrete interventions and supports to support the Client's move towards Recovery in that specific area~~
 10 ~~of their life.~~

11 ~~7. Client or Person Centered Treatment Planning and Service Delivery~~ ~~CONTRACTOR~~
 12 ~~shall promote a foundation for healing through the relationship between the Client and Personal Services~~
 13 ~~Coordinator or FSP team through the use of Client or Person Centered Treatment Planning and Service~~
 14 ~~Delivery.~~

15 ~~8. Fostering Independence, Self Determination and Transitioning to Community Supports~~
 16 ~~CONTRACTOR shall assist Clients in becoming more engaged in their Recovery to reduce reliance on~~
 17 ~~the mental health system, as mental health interventions become less necessary.~~

18 ~~9. Community Capacity Building~~ ~~CONTRACTOR shall assist Clients in managing and~~
 19 ~~living productive lives in their community; to reduce unnecessary Client reliance on the mental health~~
 20 ~~system; and to increase capacity within the system to serve new Clients.~~

21 ~~10. Use of Strength Based Approach~~ ~~CONTRACTOR shall help Clients identify and use~~
 22 ~~their individual strengths in treatment as an effective way to help Clients achieve their goals and believe~~
 23 ~~that Recovery is possible.~~

24 ~~11. Client Self Management~~ ~~CONTRACTOR shall assist Clients in learning to assume more~~
 25 ~~responsibility for their overall care by becoming more involved in decision making and successfully~~
 26 ~~manage their symptoms.~~

27 ~~12. Integrated Services for Clients with Co-Occurring Substance Use and Mental Health~~
 28 ~~Disorders~~ ~~CONTRACTOR shall integrate substance use and mental health services into one treatment~~
 29 ~~plan as it is critical to the Recovery process for both disorders. Integrated Dual Disorder Treatment~~
 30 ~~model is an approach that helps people recover by offering treatments that combine or integrate mental~~
 31 ~~health and substance use interventions at the level of the clinical encounter. Ultimately, the goal of~~
 32 ~~Integrated Dual Disorder Treatment is to help people manage both their mental illness and substance use~~
 33 ~~disorders so that they can pursue their own meaningful life goals.~~

34 ~~13. Role of Medication and Therapy~~ ~~CONTRACTOR shall understand the potential role and~~
 35 ~~value of therapy, counseling, and role modeling as treatment modalities within a FSP. CONTRACTOR~~
 36 ~~shall identify strategies for FSP teams to work collaboratively with Clients to find the best approach to~~
 37 ~~support his/her success.~~

1 ~~14. Reconnecting with Family~~—CONTRACTOR shall facilitate the Recovery process and add
2 an element of social support to the Client and include the family in services.

3 ~~15. Increasing Social Supports and Community Integration~~—CONTRACTOR shall work with
4 Clients to shift Clients' support from weighing heavily on the mental health system to weighing more
5 heavily in the community. CONTRACTOR shall focus on increasing Clients' social network and
6 increasing their opportunities to meet new people as Clients Recovery progresses.

7 ~~16. Education, Employment and Volunteering~~—CONTRACTOR shall work with Clients to
8 engage in activities that are meaningful, create self-sufficiency, and give back to the community.

9 ~~17. Reducing Involvement in the Criminal Justice System~~—CONTRACTOR shall minimize
10 Client contact with law enforcement and the judicial system.

11 ~~18. Linkage to and Coordination of Health Care~~—CONTRACTOR shall ensure all FSP Clients
12 have access to needed comprehensive health care. Access to these services is particularly critical since
13 mental health Clients often have undiagnosed and untreated medical conditions that result in chronic
14 medical conditions and premature death.

15 ~~19. Coordination of Inpatient Care/Incarceration~~—CONTRACTOR shall ensure coordination
16 of services when FSP Clients are in a psychiatric hospital or incarcerated and plan for a successful
17 discharge.

18 ~~20. Team Service Approach and Meeting Structure~~—CONTRACTOR shall utilize the FSP
19 team as a whole in treatment and service planning.

20 ~~21. Use of Peer Staff~~—CONTRACTOR shall identify meaningful roles for peer employees as
21 part of a FSP team. Employing Clients is transformational and not only helps Clients give back to the
22 system that helped them recover, but also, if done with care, will reduce the stigma associated with
23 mental illness.

24 ~~22. Creating an Array of Readily Available Housing Options~~—CONTRACTOR shall establish
25 safe, affordable, and permanent housing for each Client.

26 ~~23. Graduation is the expected outcome for all Clients and is not only crucial to the Clients as~~
27 ~~validation of their accomplishments and belief in their potential, but is also crucial for capacity and flow~~
28 ~~through our system. CONTRACTOR shall work with Clients to provide enough support for Clients to~~
29 ~~develop the confidence to move to lower levels of care or full community integration.~~

30 ~~24. CONTRACTOR shall conduct ongoing evaluation of practices and outcomes to ensure that~~
31 ~~all components of MHSA FSP philosophy, as outlined above, are successfully implemented and~~
32 ~~achieving desired results. These results will be made available to COUNTY and the general public via:~~
33 ~~the MHSA website, quarterly outcome focused management meetings and public forums upon request~~
34 ~~and approval of COUNTY. Services shall focus on EBPs whenever possible. CONTRACTOR shall~~
35 ~~have the needed expertise to collect and analyze data and outcomes in line with established fidelity~~
36 ~~measures. This expertise will ensure desired outcomes are achieved and routinely tested for accuracy.~~

37 ~~D. PROGRAM SERVICES~~—CONTRACTOR's program shall include, but not be limited to, the

1 following services under the provision of FSP services:

2 ~~1. Crisis Intervention and Management Services: Emergency response services enabling the~~
 3 ~~Client to cope with the crisis while maintaining his/her functioning status within the community and aim~~
 4 ~~at preventing further decompensation. This may include assessment for involuntary hospitalization.~~
 5 ~~This service must be available twenty four (24) hours per day, seven (7) days per week.~~

6 ~~2. Medication Support Services: Evaluate need for medication, clinical effectiveness, side~~
 7 ~~effects of medication and obtaining informed consent.~~

8 ~~a. Medication education shall be provided including discussing risks, benefits and~~
 9 ~~alternatives with the Clients or significant support persons when indicated.~~

10 ~~b. Plan development related to decreasing impairments, delivery of services, evaluation of~~
 11 ~~the status of the Client's community functions, prescribing, dispensing and administering psychotropic~~
 12 ~~medications shall be discussed with the Client and documented.~~

13 ~~c. Medication support services may occur in the office or in the field.~~

14 ~~3. Co-Occurring Services: Follows a program that uses a stage-wise treatment model that is~~
 15 ~~non-confrontational, follows behavioral principles, considers interactions between mental illness and~~
 16 ~~substance use and has gradual expectations of abstinence. Mental illness and substance use research has~~
 17 ~~strongly indicated that to recover fully, a Client with co-occurring disorder needs treatment for both~~
 18 ~~problems as focusing on one does not ensure the other will go away. Co-occurring services integrate~~
 19 ~~assistance for each condition, helping people recover from both in one setting at the same time. All~~
 20 ~~treatment team members shall be co-occurring capable. The ASAM screening tool shall be utilized to~~
 21 ~~identify an appropriate level of co-occurring treatment indicated. Individuals will be provided a range~~
 22 ~~of co-occurring services such as medical detox, social detox, residential treatment, sober living or~~
 23 ~~outpatient treatment.~~

24 ~~4. Vocational and Educational Services: As part of the continuum of Recovery it is important~~
 25 ~~that Clients develop an "identity" other than that of a mental health Client; towards this end Clients will~~
 26 ~~be supported in exploring a full range of opportunities, including but not limited to, volunteer~~
 27 ~~opportunities, part-time/full-time work, supported employment, competitive employment and~~
 28 ~~educational opportunities. CONTRACTOR's staff shall have a dedicated Vocational/Educational~~
 29 ~~Specialist to assist enrolled Clients with these services.~~

30 ~~a. Educational Services: Clients may engage in a number of activities, such as General~~
 31 ~~Education Degree preparation, linkage to colleges, vocational training adult schools. Peers may be used~~
 32 ~~as teachers' aides to ease the anxiety of a new Client returning to continue educational goals.~~

33 ~~b. Pre-Vocational Groups: Clients may engage in pre-vocational groups that assist Clients~~
 34 ~~in determining their skills, interests, values, and realistic career goals. Individual treatment plans are~~
 35 ~~developed and implemented with assistance in the following areas: career exploration, identification of~~
 36 ~~personal strengths, values, and talents, resume writing, job seeking skills, interviewing skills, job~~
 37 ~~placement, job retention, and symptom management in the workplace. These and other vocationally~~

1 related topics shall be offered on a rotating basis to the Clients. The intent of these structured learning
 2 experiences is to actively involve Clients in identifying and developing their own positive work
 3 identities. From pre-vocational training, Clients are assisted and encouraged in beginning work in the
 4 community. The focus of the program is to find employment settings that match the Clients' interests,
 5 abilities, aptitudes, strengths and individualized goals.

6 ~~_____ c. Job Coaching/Developing: An Employment Specialist is to assist Clients in the~~
 7 ~~exploration of various career options as well as actively strategizing collaborative relationships in the~~
 8 ~~private and public sector to create job opportunities for Clients. This position will work closely with~~
 9 ~~management staff and the Data Analyst to explore and implement evidence-based best practices in this~~
 10 ~~area.~~

11 ~~_____ 5. Family and Peer Support Services:~~

12 ~~_____ a. Connection to community, family and friends is a critical element to Recovery and~~
 13 ~~shall be an integral part of CONTRACTOR's services. The PSCs will work to include Client's natural~~
 14 ~~support system in treatment and services and peers will be hired as Peer Recovery Specialists to assist~~
 15 ~~Clients in their Recovery.~~

16 ~~_____ b. Supportive Socialization and Meaningful Community Roles. CONTRACTOR shall~~
 17 ~~provide client centered services that will support clients in their recovery, self-sufficiency and~~
 18 ~~development of meaningful life activities and relationships.~~

19 ~~_____ 6. Transportation Services: These services may include, but not be limited to: provision of~~
 20 ~~bus tickets; transportation to appointments deemed necessary for the Client care; or transportation for~~
 21 ~~emergency psychiatric evaluation or treatment.~~

22 ~~_____ 7. Money Management/Representative Payee Support Services: CONTRACTOR shall~~
 23 ~~designate a bonded Representative Payee to provide money management services to those Clients who~~
 24 ~~have not been able to manage their finances independently. These clients include those that have~~
 25 ~~funding, but are not able to or willing to meet their basic needs without assistance. Money management~~
 26 ~~will also include individual and/or group education regarding personal budgeting.~~

27 ~~_____ 8. On-call Services: The program shall provide on-call coverage. Clinicians must be~~
 28 ~~available twenty four (24) hours per day, seven (7) days per week for intensive case management and~~
 29 ~~crisis intervention for enrolled Clients. The on-call individual must be able to respond in person in a~~
 30 ~~timely manner when indicated.~~

31 ~~_____ 9. Linkage to Financial Benefits/Entitlements: CONTRACTOR shall employ a Benefits~~
 32 ~~Specialist to assist clients in accessing financial benefits and/or entitlements. The specialist shall be~~
 33 ~~knowledgeable of entitlements, such as SSI/SSDI, Cal Fresh, General Relief, and will work with clients~~
 34 ~~to gather records, completed application process, and secure entitlements.~~

35 ~~_____ 10. Housing Services: CONTRACTOR shall provide a continuum of housing and housing~~
 36 ~~support to Full Service Partnership clients. This service category includes a comprehensive needs~~
 37 ~~assessment, linkage, placement, and ongoing support to sustain and appropriate level of housing.~~

~~CONTRACTOR shall prioritize obtaining appropriate housing for individuals immediately upon enrollment, and throughout the recovery process. All Housing options provided by a FSP must meet minimal requirements set by the COUNTY's MHPA Coordination Office and outlined in the Policy Manual for Adult and Older Adult FSP Programs. CONTRACTOR's staff shall include a Housing Specialist to provide housing services to all enrolled Clients. Housing services may include:~~

~~a. Emergency Housing Immediate shelter for critical access for individuals who are homeless or have no other immediate housing options available. Emergency housing is a time limited event and shall only be utilized until a more suitable housing arrangement can be secured. Emergency housing is part of the "Housing First" model continuum and is required during the initial assessment phase.~~

~~b. Motel Housing For those who may be unwilling or are inappropriate for a shelter, or when no shelter is available, motel housing may be utilized. Motel housing is time limited in nature and shall only be utilized as a last resort until a more appropriate housing arrangement can be secured. Pre-purchase of motel rooms shall be in accordance with CONTRACTOR's P&P, as identified in the Flexible Funds Paragraph of this Exhibit A.~~

~~c. Bridge Housing For individuals who will benefit from an intermediate step between shelter and permanent housing. Bridge housing provides structures and programming in the context of housing such as Board and Care or Room and Board. CONTRACTORS may look into housing options such as master leasing.~~

~~d. Permanent Housing Obtaining permanent housing is an overarching goal for all FSP members and requires residents to have their own unit or bedroom. Permanent housing includes but is not limited to Shelter Plus Care Vouchers, independently paid homes/apartments, and County based housing projects.~~

~~e. Residential Substance Use Treatment Programs and Sober Living Homes as a housing option shall be available when appropriate to provide the member the highest probability of success towards recovery.~~

~~11. Integration and Linkage to Primary Care: CONTRACTOR shall work to provide every client with a Nursing Assessment, and linkage to a Primary Care Provider to meet the ongoing medical needs of the Client. CONTRACTOR shall routinely coordinate care planning and treatment with the primary care physician through obtaining records and consultation. CONTRACTOR shall provide to the Primary Care Provider when indicated.~~

~~12. Peer Run Center CONTRACTOR shall operate a Peer-run Center. This center will be located at the program site and will provide an opportunity for Clients to develop organizational, social and leadership skills as they design a program that meets Client needs. All activities and groups offered are designed and run by Clients enrolled in CONTRACTOR's FSP. CONTRACTOR shall establish a Peer Advisory Committee to provide client input into program development and quality improvement.~~

~~13. Group Services CONTRACTOR shall offer a variety of groups based on Client interest~~

1 and need and may include, but not be limited to: Relapse Prevention, Dual Recovery, AA/NA, Life
2 Skills Building, and Speaker Meetings, etc.

3 ~~14. Meaningful Community Roles CONTRACTOR shall assist each member to identify~~
4 ~~some meaningful role in his/her life that is separate from the mental illness. Clients need to see~~
5 ~~themselves in “normal” roles such as employee, son, mother and neighbor to successfully integrate into~~
6 ~~the community. CONTRACTOR shall work with each member to join the larger community and~~
7 ~~interact with people who are unrelated to their mental illness.~~

8 ~~15. Intensive Case Management Service CONTRACTOR shall provide intensive case~~
9 ~~management which shall include a smaller caseload size, team management, an emphasis on outreach,~~
10 ~~and an assertive approach to maintaining contact with Clients. Daily contact is often indicated during~~
11 ~~the initial enrollment and engagement period.~~

12 ~~E. PROGRAM REQUIREMENTS~~

13 ~~1. Referrals will come primarily from CONTRACTOR’s and COUNTY’s outreach efforts.~~

14 ~~2. CONTRACTOR shall coordinate with COUNTY, other providers, and community~~
15 ~~resources.~~

16 ~~3. CONTRACTOR shall maintain ongoing collaboration with other stakeholders involved~~
17 ~~with individual Clients including family members and significant others, employers, and~~
18 ~~COUNTY departments and Agencies such as, but not limited to Courts, Probation Department, Parole~~
19 ~~and Social Services.~~

20 ~~4. CONTRACTOR shall have a commitment to meeting the required response times for~~
21 ~~hospitals (twenty four [24] hour response time), and other COUNTY institutions, e.g. jails or clinics~~
22 ~~(forty eight [48] hours).~~

23 ~~5. CONTRACTOR shall achieve, at minimum, a ten percent (10%), annual graduation rate for~~
24 ~~the program of the average census at end of year.~~

25 ~~6. CONTRACTOR shall have an identified individual who shall:~~

26 ~~a. Complete one hundred percent (100%) chart review of Client charts regarding clinical~~
27 ~~documentation and insuring all charts are in compliance with medical necessity and Medi-Cal chart~~
28 ~~compliance;~~

29 ~~b. Provide clinic direction and training to PSCs on encounter documents and treatment~~
30 ~~plans;~~

31 ~~c. Become a certified reviewer by the ADMINISTRATOR’s Quality Improvement and~~
32 ~~Program Compliance unit within six months from the start of the Agreement;~~

33 ~~d. Oversee all aspects of the clinical services of the Recovery program;~~

34 ~~e. Coordinate with in-house clinicians, medical director and/or nurse regarding Client~~
35 ~~treatment issues, professional consultations, or medication evaluations;~~

36 ~~f. Review and approve all quarterly logs submitted to ADMINISTRATOR, i.e.,~~
37 ~~medication monitoring, second opinion and request for change of CONTRACTOR; and~~

~~g. Participate in program development and interact with other staff regarding difficult cases and psychiatric emergencies.~~

~~7. CONTRACTOR shall conduct Supervisory Reviews at a minimum of twice per week in accordance with procedures developed by ADMINISTRATOR. CONTRACTOR shall ensure that all chart documentation complies with all federal, state and local guidelines and standards. CONTRACTOR shall ensure that all chart documentation is completed within the appropriate timelines.~~

~~8. CONTRACTOR shall input all IRIS data following ADMINISTRATOR procedure and practice. All statistical data used to monitor CONTRACTOR shall be compiled using only IRIS reports, if available, and if applicable.~~

~~9. CONTRACTOR shall review Client charts ensuring compliance with ADMINISTRATOR's P&Ps and Medi-Cal documentation requirements.~~

~~10. CONTRACTOR shall ensure compliance with workload standards and productivity.~~

~~11. CONTRACTOR shall review and approve all admissions, discharges from the program and extended stays in the program. Discharge of clients from the program shall be determined by the client's movement along the recovery continuum and shall be a coordinated effort between the ADMINISTRATOR and CONTRACTOR when indicated.~~

~~12. CONTRACTOR shall submit corrective action plans upon request.~~

~~13. CONTRACTOR shall comply with ADMINISTRATOR P&Ps.~~

~~14. CONTRACTOR shall provide a written copy of all assessments completed on Clients referred for admission.~~

~~F. CONTRACTOR shall utilize the COUNTY PBM to supply medications for unfunded Clients.~~

~~G. CONTRACTOR shall have active participation in State and regional MHSA forums and activities.~~

~~H. CONTRACTOR shall have ongoing collaboration with the Adult and Older Adult Performance Outcomes and Data Office on MHSA countywide projects, as well as individual performance outcome measures.~~

~~I. CONTRACTOR shall provide the NPP for the COUNTY, as the MHP, at the time of the first service provided under the Agreement to individuals who are covered by Medi-Cal and have not previously received services at a COUNTY operated clinic. CONTRACTOR shall also provide, upon request, the NPP for the COUNTY, as the MHP, to any individual who received services under the Agreement.~~

~~J. CONTRACTOR shall attend meetings as requested by COUNTY including but not limited to:~~

~~1. Case conferences, or other meetings, as requested by ADMINISTRATOR to address any aspect of clinical care.~~

~~#~~

~~2. Monthly COUNTY management meetings with ADMINISTRATOR to discuss contractual and other issues related to, but not limited to whether it is or is not progressing satisfactorily in~~

1 ~~achieving all the terms of the Agreement, and if not, what steps will be taken to achieve satisfactory~~
 2 ~~progress, compliance with P&P's, review of statistics and clinical services;~~

3 ~~3. Clinical staff training for individuals conducted by CONTRACTOR and/or COUNTY~~
 4 ~~administrative staff.~~

5 ~~K. CONTRACTOR shall develop all requested and required program specific P&Ps, and provide~~
 6 ~~to ADMINISTRATOR for review, input, and approval prior to training staff on said P&Ps and prior to~~
 7 ~~accepting any Client admissions to the program. All P&Ps and program guidelines will be reviewed bi-~~
 8 ~~annually at a minimum for updates. Policies will include but not be limited to the following:~~

9 ~~1. Admission Criteria and Admission Procedure~~

10 ~~2. Assessments and Individual Service Plans~~

11 ~~3. Crisis Intervention/Evaluation for Involuntary Holds~~

12 ~~4. Handling Non-Compliant Clients/Unplanned Discharges~~

13 ~~5. Medication Management and Medication Monitoring~~

14 ~~6. Community Integration/Case Management/Discharge Planning~~

15 ~~7. Documentation Standards~~

16 ~~8. Quality Management/Performance Outcomes~~

17 ~~9. Personnel/In-service Training~~

18 ~~10. Unusual Occurrence Reporting~~

19 ~~11. Code of Conduct/Compliance/HIPAA standards and Compliance~~

20 ~~12. Mandated Reporting~~

21 ~~L. CONTRACTOR shall provide initial and on-going training and staff development that includes~~
 22 ~~but is not limited to the following:~~

23 ~~1. Orientation to the program's goals, P&Ps~~

24 ~~2. Training on subjects as required by state regulations~~

25 ~~3. Recovery philosophy, Client empowerment and strength-based services~~

26 ~~4. Crisis intervention and de-escalation~~

27 ~~5. Co-occurring mental illness and substance abuse and dependence~~

28 ~~6. Motivational interviewing~~

29 ~~7. EBPs that support recovery~~

30 ~~M. CONTRACTOR shall provide effective Administrative management of the budget, staffing,~~
 31 ~~recording, and reporting portion of the agreement with the COUNTY, including but not limited to the~~
 32 ~~following. If administrative responsibilities are delegated to subcontractors, the Contractor must ensure~~
 33 ~~that any subcontractor(s) possesses the qualifications and capacity to perform all delegated~~
 34 ~~responsibilities.~~

35 ~~#~~

36 ~~1. Designate the responsible position(s) in your organization for managing the funds allocated~~
 37 ~~to this program;~~

- 1 ~~2. Maximize the use of the allocated funds;~~
2 ~~3. Ensure timely and accurate reporting of monthly expenditures;~~
3 ~~4. Maintain appropriate staffing levels;~~
4 ~~5. Request budget and/or staffing modifications to the Agreement;~~
5 ~~6. Effectively communicate and monitor the program for its success;~~
6 ~~7. Track and report expenditures electronically;~~
7 ~~8. Maintain electronic and telephone communication between key staff and~~
8 ~~ADMINISTRATOR; and~~
9 ~~9. Act quickly to identify and solve problems.~~
10 ~~N. CONTRACTOR shall ensure that all chart documentation complies with all federal, state and~~
11 ~~local guidelines and standards. CONTRACTOR shall ensure that all chart documentation is completed~~
12 ~~within the appropriate timelines.~~
13 ~~O. CONTRACTOR shall establish a written smoking policy, which shall be reviewed and~~
14 ~~approved by ADMINISTRATOR that specifies designated areas as the only areas where smoking is~~
15 ~~permitted.~~
16 ~~P. CONTRACTOR shall establish a good neighbor policy, which shall be reviewed and approved~~
17 ~~by ADMINSTRATOR. The policy shall include, but not limited to, staff training to deal with neighbor~~
18 ~~complaints and staff contact information available to neighboring residents.~~
19 ~~Q. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to~~
20 ~~conduct research activity on COUNTY Clients without obtaining prior written authorization from~~
21 ~~ADMINISTRATOR.~~
22 ~~R. CONTRACTOR shall not conduct any proselytizing activities, regardless of funding sources,~~
23 ~~with respect to any individual(s) who have been referred to CONTRACTOR by COUNTY under the~~
24 ~~terms of the Agreement. Further, CONTRACTOR agrees that the funds provided hereunder will not be~~
25 ~~used to promote, directly or indirectly, any religion, religious creed or cult, denomination or sectarian~~
26 ~~institution, or religious belief.~~
27 ~~S. PERFORMANCE OUTCOMES — CONTRACTOR shall be required to achieve Performance~~
28 ~~Outcome Objectives and track and report Performance Outcome Objective statistics in monthly~~
29 ~~programmatic reports, as outlined below.~~
30 ~~1. CONTRACTOR shall track and monitor the number of Clients receiving services (mental~~
31 ~~health services, intensive case management, housing, and vocational) through number of Clients~~
32 ~~admitted and engaged into services.~~
33 ~~2. CONTRACTOR shall track the number of days Clients are hospitalized and make every~~
34 ~~effort to reduce them through services provided in the Agreement.~~
35 ~~#~~
36 ~~3. CONTRACTOR shall track the number of days Clients are incarcerated and make every~~
37 ~~effort to reduce them through services provided in the Agreement.~~

~~4. CONTRACTOR shall track the number of days Clients are homeless and living on the streets and make every effort to reduce them through services provided in the Agreement.~~

~~5. CONTRACTOR shall track the number of Clients gainfully employed and make every effort to increase them through services provided in the Agreement.~~

~~6. One (1) through five (5) in this section are the outcome measures by which the effectiveness of your program will be evaluated. It is the responsibility of the provider to educate themselves with best practices and those associated with attainment of higher levels of Recovery.~~

~~7. CONTRACTOR shall track the number of Clients at various stages on the MORS.~~

~~8. CONTRACTOR shall track the number of Clients who reach their employment goals and are successfully discharged to a lower level of care.~~

~~T. DATA CERTIFICATION — CONTRACTOR shall certify the accuracy of their outcome data. Outcome data entered into an approved data collection system that is submitted to the COUNTY detailing the PAF, 3M's, KET data and complete Client database must be certified with the submission of their monthly data. Submissions shall be uploaded to an approved File Transfer Protocol site and include four (4) files. The first shall be a copy of current database; the following three shall be XML formatted files for submission to the State DCR.~~

~~1. DATA — Should CONTRACTOR's current database copy cannot be submitted via Microsoft Access file format, the data must be made available in an HCA approved database file type. CONTRACTOR must also provide a separate file comprised of required data elements that are provided by COUNTY. If CONTRACTOR's system is web based, CONTRACTOR shall allow ADMINISTRATOR accessibility for monitoring and reporting (access shall allow accessibility to view, run, print, and export Client records/reports).~~

~~2. TRANSFER UTILITY — CONTRACTOR shall ensure that the data collection system has the ability to export data and import data from other data systems used by existing FSP CONTRACTORS to allow for Client transfers. Data must include PAF, 3M's and KET's.~~

~~U. DATA CERTIFICATION — POLICIES AND PROCEDURES AND DATA COLLECTION~~

~~1. CONTRACTOR shall develop a P&P, or revise the existing P&P, regarding Data Certification and submit to ADMINISTRATOR no later than twenty (20) calendar days from the start of the Agreement.~~

~~2. ADMINISTRATOR and CONTRACTOR shall finalize and approve the P&P, in writing, no later than thirty (30) calendar days from the start of the Agreement. If the Data Certification P&P has not been approved after thirty (30) days from the start of the Agreement, the Certification of Accuracy of Data form cannot be submitted to, or accepted by ADMINISTRATOR, and CONTRACTOR may be deemed out of compliance with the terms and conditions of the Agreement.~~

~~3. CONTRACTOR shall ensure that all staff is trained and has a clear understanding of the Data Certification P&P. CONTRACTOR will provide signature confirmation of the Data Certification P&P training for each staff member that utilizes enters, reviews, or analyzes the data.~~

~~4. CONTRACTOR shall have an identified individual who shall:~~

- ~~a. Review the approved data collection database for accuracy and to ensure that each field is completed;~~
- ~~b. Develop processes to ensure that all required data forms are completed and updated when appropriate;~~
- ~~c. Review the approved data collection system reports to identify trends, gaps and quality of care;~~
- ~~d. Submit monthly approved data collection system reports to ADMINISTRATOR by the tenth (10th) of every month for review and return within two (2) weeks with identified corrections; and~~
- ~~e. Submit quarterly data to ADMINISTRATOR with verification that outcome data is correct.~~
- ~~f. CONTRACTOR will be responsible for ensuring monthly evaluation of Clients using MORS and entering the MORS data into approved data collection system. The rating for each individual member will be entered under the clinical assessment tools. It is expected that the rating for each member will be part of the review done by Program Directors prior to signing the Data Certification Form each month.~~

~~V. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Services Paragraph of this Exhibit A to the Agreement.~~

VI. STAFFING

~~A. CONTRACTOR shall include bilingual/bicultural services to meet the needs of threshold languages as determined by COUNTY. Whenever possible, bilingual/bicultural staff should be retained. Any clinical vacancies occurring at a time when bilingual and bicultural composition of the clinical staffing does not meet the above requirement must be filled with bilingual and bicultural staff unless ADMINISTRATOR consents, in writing, to the filling of those positions with non-bilingual staff. Salary savings resulting from such vacant positions may not be used to cover costs other than salaries and employees benefits unless otherwise authorized in writing, in advance, by ADMINISTRATOR.~~

~~B. CONTRACTOR shall make its best effort to provide services pursuant to the Agreement in a manner that is culturally and linguistically appropriate for the population(s) served. CONTRACTOR shall maintain documents of such efforts which may include; but not be limited to: records of participation in COUNTY sponsored or other applicable training; recruitment and hiring P&Ps; copies of literature in multiple languages and formats, as appropriate; and descriptions of measures taken to enhance accessibility for, and sensitivity to, individuals who are physically challenged.~~

~~C. CONTRACTOR shall notify ADMINISTRATOR, in writing, within seventy-two (72) hours, of any staffing vacancies or filling of vacant positions that occur during the term of the Agreement.~~

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~~1 — D. CONTRACTOR shall notify ADMINISTRATOR, in writing, at least seven (7) days in advance,
2 of any new staffing changes; including promotions, temporary FTE changes and internal or external
3 temporary staffing assignment requests that occur during the term of the Agreement.~~

~~4 — E. CONTRACTOR shall ensure that all staff, including interns and volunteers, are trained and have
5 a clear understanding of all P&Ps. CONTRACTOR shall provide signature confirmation of the P&P
6 training for each staff member and place in their personnel files.~~

~~7 — F. CONTRACTOR shall ensure that all staff complete the COUNTY's Annual Provider Training
8 and Annual Compliance Training.~~

~~9 — G. CONTRACTOR shall ensure compliance with ADMINISTRATOR Standards of Care
10 practices, P&Ps, documentation standards and any state regulatory requirements.~~

~~11 — H. COUNTY shall provide, or cause to be provided, training and ongoing consultation to
12 CONTRACTOR's staff to assist CONTRACTOR in ensuring compliance with ADMINISTRATOR
13 Standards of Care practices, P&P's, documentation standards and any state regulatory requirements.~~

~~14 — I. All HIPAA covered healthcare providers, individuals and organizations must obtain a NPI for
15 use to identify themselves in HIPAA standard transactions. The NPI is assigned for life.~~

~~16 — J. CONTRACTOR, including each employee that provides services under the Agreement, will
17 obtain a NPI upon commencement of the Agreement or prior to providing services under the Agreement.
18 CONTRACTOR shall report to ADMINISTRATOR, on a form approved or supplied by
19 ADMINISTRATOR, all NPI as soon as they are available.~~

~~20 — K. CONTRACTOR shall, at a minimum, provide the following staffing pattern expressed in FTEs
21 continuously throughout the term of the Agreement. One (1) FTE will be equal to an average of forty
22 (40) hours work per week.~~

DIRECT PROGRAM	FTEs
Regional Director of Operations	0.20
Program Administrator	1.00
Clinical Director	1.00
Driver	1.00
Office Coordinator	1.00
HR Generalist	0.13
Data Mining and Analysis Specialist	1.00
Regional IS Business Manager	0.10
Billing Specialist	2.00
Office Coordinator I	1.00
Medical Records/Tech	1.00
Quality Coordinator/Trainer	1.00
Regional IT Support Analyst	0.10

1	Team Leader	3.00
2	PSC II	14.50
3	PSC II – Housing Specialist	1.00
4	PSC II – (WRC)	1.00
5	Residential Coordinator	1.00
6	Clinician	1.00
7	Benefits Specialist	0.60
8	PSC I (Wellness Center)	1.00
9	Education/Employment Specialist	1.00
10	LVN/LPT (Supervisor)	1.00
11	LVN/LPT	2.25
12	Nurse Practitioner	0.40
13	TLC Psychiatrist/Nurse Practitioner (Subcontractor)	0.60
14	TBH Psychiatrist (Subcontractor)	<u>0.75</u>
15	TOTAL DIRECT PROGRAM FTEs	39.63 ²

16
17 ~~L. WORKLOAD STANDARDS~~

18 ~~1. One (1) DSH will be equal to sixty (60) minutes of direct service.~~

19 ~~2. CONTRACTOR shall provide an average of one hundred (100) DSHs per month or one~~
20 ~~thousand two hundred (1,200) DSHs per year per FTE of direct clinician time which shall include~~
21 ~~Mental Health, Case Management, Crisis Intervention, and Medication Management Services.~~
22 ~~CONTRACTOR understands and agrees that this is a minimum standard and shall make every effort to~~
23 ~~exceed this minimum, unless otherwise approved by ADMINISTRATOR.~~

24 ~~3. CONTRACTOR shall, during the term of the Agreement, provide a minimum of thirty~~
25 ~~thousand two hundred and eighty eight (30,288) DSH, with a minimum of two thousand one hundred~~
26 ~~(2,100) hours of medication support services and twenty eight thousand one hundred and eighty eight~~
27 ~~(28,188) hours of other mental health, case management and/or crisis intervention services as outlined~~
28 ~~below.~~

29 ~~4. CONTRACTOR shall maintain an active and ongoing caseload of two hundred and thirty~~
30 ~~five (235) Clients throughout the term of the Agreement.~~

31 ~~M. CONTRACTOR shall ensure staffing levels and qualifications shall meet the requirements as~~
32 ~~stated in CCR: Title 9 – Rehabilitative and Developmental Services, Division 1 – DHCS.~~

33 ~~N. CONTRACTOR shall recruit, hire, train, and maintain staff who are individuals in Recovery.~~
34 ~~These individuals shall not be currently receiving services directly from CONTRACTOR.~~
35 ~~Documentation may include, but not be limited to, the following: records attesting to efforts made in~~
36 ~~recruitment and hiring practices and identification of measures taken to enhance accessibility for~~
37 ~~potential staff in these categories.~~

~~1 — O. All clinical staff shall be qualified and designated by COUNTY to perform evaluations pursuant
2 to Section 5150, WIC.~~

~~3 — P. CONTRACTOR may augment paid staff with volunteers or interns upon written approval of
4 ADMINISTRATOR.~~

~~5 — 1. CONTRACTOR shall provide a minimum of two (2) hours per week supervision to each
6 student intern providing mental health services and one (1) hour of supervision for each ten (10) hours of
7 treatment for student interns providing substance abuse services. Supervision will be in accordance to
8 that set by the BBS. CONTRACTOR shall provide supervision to volunteers as specified in the
9 respective job descriptions or work contracts.~~

~~10 — 2. An intern is an individual enrolled in an accredited graduate program accumulating
11 clinically supervised work experience hours as part of field work, internship, or practicum requirements.
12 Acceptable graduate programs include all programs that assist the student in meeting the educational
13 requirements in becoming a MFT, a LCSW, or a licensed Clinical Psychologist.~~

~~14 — 3. Volunteer and student intern services shall not comprise more than twenty percent (20%) of
15 total services provided.~~

~~16 — Q. CONTRACTOR shall maintain personnel files for each staff member, including management
17 and other administrative positions, which will include, but not be limited to, an application for
18 employment, qualifications for the position, documentation of bicultural/bilingual capabilities (if
19 applicable), pay rate and evaluations justifying pay increases.~~

~~20 — R. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of all P&P.
21 CONTRACTOR shall provide signature confirmation of the P&P training for each staff member and
22 place in their personnel files.~~

~~23 — S. TOKENS ADMINISTRATOR shall provide CONTRACTOR the necessary number of
24 Tokens for appropriate individual staff to access HCA IRIS at no cost to the CONTRACTOR.~~

~~25 — 1. CONTRACTOR recognizes Tokens are assigned to a specific individual staff member with
26 a unique password. Tokens and passwords will not be shared with anyone.~~

~~27 — 2. CONTRACTOR shall maintain an inventory of the Tokens, by serial number and the staff
28 member to whom each is assigned.~~

~~29 — 3. CONTRACTOR shall indicate in the monthly staffing report, the serial number of the
30 Token for each staff member assigned a Token.~~

~~31 — 4. CONTRACTOR shall return to ADMINISTRATOR all Tokens under the following
32 conditions:~~

~~33 — a. Each staff member who no longer supports the Agreement;~~

~~34 — b. Each staff member who no longer requires access to IRIS;~~

~~35 — c. Each staff member who leaves employment of CONTRACTOR; or~~

~~36 — d. Token is malfunctioning;~~

~~37 — e. Termination of this Agreement.~~

1 ~~5. ADMINISTRATOR shall issue Tokens for CONTRACTOR's staff members who require~~
2 ~~access to the IRIS upon initial training or as a replacement for malfunctioning Tokens.~~
3 ~~6. CONTRACTOR shall reimburse the COUNTY for Tokens lost, stolen, or damaged through~~
4 ~~acts of negligence.~~
5 ~~T. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the~~
6 ~~Staffing Paragraph of this Exhibit A to the Agreement.~~
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EXHIBIT A-1
TO THE CONTRACT FOR PROVISION OF
GENERAL POPULATION FULL SERVICE PARTNERSHIP SERVICES
BETWEEN
COUNTY OF ORANGE
AND
TELECARE CORPORATION
JULY 1, 2020 THROUGH JUNE 30, 2021

COMMON TERMS AND DEFINITIONS

A. The parties agree to the following terms and definitions, and to those terms and definitions which, for convenience, are set forth elsewhere in the Contract.

1. Active and Ongoing Case Load means documentation, by CONTRACTOR, of completion of the entry and evaluation documents into IRIS and documentation that the Clients are receiving services at a level and frequency and duration that is consistent with each Client’s level of impairment and treatment goals and consistent with individualized, solution-focused, evidenced-based practices.

2. ADL means Activities of Daily Living and refers to diet, personal hygiene, clothing care, grooming, money and household management, personal safety, symptom monitoring, etc.

3. Admission means documentation, by CONTRACTOR, of completion of the entry and evaluation documents into IRIS.

4. Benefits Specialist means a specialized position that would primarily be responsible for coordinating Client applications and appeals for State and Federal benefits.

5. Best Practices means a term that is often used inter-changeably with “evidence-based practice” and is best defined as an “umbrella” term for three levels of practice, measured in relation to Recovery-consistent mental health practices where the Recovery process is supported with scientific intervention that best meets the needs of the Client at this time.

a. EBP means Evidence-Based Practices and refers to the interventions utilized for which there is consistent scientific evidence showing they improved Client outcomes and meets the following criteria: it has been replicated in more than one geographic or practice setting with consistent results; it is recognized in scientific journals by one or more published articles; it has been documented and put into manual forms; it produces specific outcomes when adhering to the fidelity of the model.

b. Promising Practices means that experts believe the practices are likely to be raised to the next level when scientific studies can be conducted and is supported by some body of evidence, (evaluation studies or expert consensus in reviewing outcome data); it has been endorsed by recognized bodies of advocacy organizations and finally, produces specific outcomes.

c. Emerging Practices means that the practice(s) seems like a logical approach to addressing a specific behavior which is becoming distinct, recognizable among Clients and clinicians in

1 practice, or innovators in academia or policy makers; and at least one recognized expert, group of
 2 researchers or other credible individuals have endorsed the practice as worthy of attention based on
 3 outcomes; and finally, it produces specific outcomes.

4 6. Case Management Linkage Brokerage means a process of identification, assessment of
 5 need, planning, coordination and linking, monitoring and continuous evaluation of Clients and of
 6 available resources and advocacy through a process of casework activities in order to achieve the best
 7 possible resolution to individual needs in the most effective way possible. This includes supportive
 8 assistance to the Client in the assessment, determination of need and securing of adequate and
 9 appropriate living arrangements.

10 7. CAT means Crisis Assessment Team and provides 24 hour mobile response services to any
 11 adult who has a psychiatric emergency. This program assists law enforcement, social service agencies,
 12 and families in providing crisis intervention services for the mentally ill. CAT is a multi-disciplinary
 13 program that conducts risk assessments, initiates involuntary hospitalizations, and provides case
 14 management, linkage, follow ups for individuals evaluated.

15 8. Certified Reviewer means an individual that obtains certification by completing all
 16 requirements set forth in the Authority and Quality Improvement Services Reviewer Training
 17 Verification Sheet.

18 9. Client or Member means an individual, referred by COUNTY or enrolled in
 19 CONTRACTOR's program for services under the Contract, who experiences chronic mental illness.

20 10. Clinical Director means an individual who meets the minimum requirements set forth in
 21 Title 9, CCR, and has at least two (2) years of full-time professional experience working in a mental
 22 health setting.

23 11. Crisis Stabilization Unit (CSU) means a psychiatric crisis stabilization program that
 24 operates 24 hours a day that services Orange County residents, aged 18 and older, who are experiencing
 25 a psychiatric crisis and need immediate evaluation. Clients receive a thorough psychiatric evaluation,
 26 crisis stabilization treatment, and referral to the appropriate level of
 27 continuing care. As a designated outpatient facility, the CSU may evaluate and treat clients for no
 28 longer than 23 hours.

29 12. CSW means Clinical Social Worker and refers to an individual who meets the minimum
 30 professional and licensure requirements set forth in Title 9, CCR, Section 625, and has two (2) years of
 31 post-master's clinical experience in a mental health setting.

32 13. Data Collection Reporting (DCR) System means a software designed for collection,
 33 tracking and reporting outcomes data for Clients enrolled in the FSP Programs.

34 a. 3 M's means the Quarterly Assessment Form that is completed for each Client every
 35 three months in the approved data collection system.

36 b. Data Mining and Analysis Specialist means a person who is responsible for ensuring
 37 the program maintains a focus on outcomes, by reviewing outcomes, and analyzing data as well as

1 working on strategies for gathering new data from the Clients' perspective which will improve
 2 understanding of Clients' needs and desires towards furthering their Recovery. This individual will
 3 provide feedback to the program and work collaboratively with the employment specialist, education
 4 specialist, benefits specialist, and other staff in the program in strategizing improved outcomes in these
 5 areas. This position will be responsible for attending all data and outcome related meetings and
 6 ensuring that program is being proactive in all data collection requirements and changes at the local and
 7 state level.

8 c. Data Certification means the process of reviewing State and COUNTY mandated
 9 outcome data for accuracy and signing the Certification of Accuracy of Data form indicating that the
 10 data is accurate.

11 d. KET means Key Event Tracking and refers to the tracking of a Client's movement or
 12 changes in the approved data collection system. A KET must be completed and entered accurately each
 13 time the CONTRACTOR is reporting a change from previous Client status in certain categories. These
 14 categories include: residential status, employment status, education and benefits establishment.

15 e. PAF means Partnership Assessment Form and refers to the baseline assessment for
 16 each Client that must be completed and entered into data collection system within thirty (30) days of the
 17 Partnership date.

18 14. Diagnosis means the definition of the nature of the Client's disorder. When formulating the
 19 Diagnosis of Client, CONTRACTOR shall use the diagnostic codes as specified in the most current
 20 edition of the DSM published by the American Psychiatric Association. DSM diagnoses will be
 21 recorded on all IRIS documents, as appropriate.

22 15. DSH means Direct Service Hours and refers to a measure in minutes that a clinician spends
 23 providing Client services. DSH credit is obtained for providing mental health, case management,
 24 medication support and a crisis intervention service to any Client open in IRIS which includes both
 25 billable and non-billable services.

26 16. Engagement means the process by which a trusting relationship between worker and
 27 Client(s) is established with the goal to link the individual(s) to the appropriate services. Engagement of
 28 Client(s) is the objective of a successful Outreach.

29 17. Face-to-Face means an encounter between Client and provider where they are both
 30 physically present.

31 18. FSP means Full Service Partnership and refers to a type of program described by the State
 32 in the requirements for the COUNTY plan for use of MHSA funds and which includes Clients being a
 33 full partner in the development and implementation of their treatment plan. A FSP is an evidence-based
 34 and strength-based model, with the focus on the individual rather than the disease. Multi-disciplinary
 35 teams will be established including the Client, Psychiatrist, and PSC. Whenever possible, these multi-
 36 disciplinary teams will include a mental health nurse, marriage and family therapist, clinical social
 37 worker, peer specialist, and family members. The ideal Client to staff ratio will be in the range of

1 fifteen to twenty (15 – 20) to one (1), ensuring relationship building and intense service delivery.

2 a. Services will include, but not be limited to, the following:

3 1) Crisis management;

4 2) Housing Services;

5 3) Twenty-four (24)-hours per day, seven (7) days per week intensive case
6 management;

7 4) Community-based Wraparound Recovery Services;

8 5) Vocational and Educational services;

9 6) Job Coaching/Developing;

10 7) Client employment;

11 8) Money management/Representative Payee support;

12 9) Flexible Fund account for immediate needs;

13 10) Transportation;

14 11) Illness education and self-management;

15 12) Medication Support;

16 13) Co-occurring Services;

17 14) Linkage to financial benefits/entitlements;

18 15) Family and Peer Support; and

19 16) Supportive socialization and meaningful community roles.

20 b. Client services are focused on Recovery and harm reduction to encourage the highest
21 level of Client empowerment and independence achievable. PSC's will meet with the Client in their
22 current community setting and will develop a supportive relationship with the individual served.
23 Substance use treatment will be integrated into services and provided by the Client's team to individuals
24 with a co-occurring disorder.

25 c. The FSP shall offer "whatever it takes" to engage seriously mentally ill adults,
26 including those who are dually diagnosed, in a partnership to achieve the individual's wellness and
27 Recovery goals. Services shall be non-coercive and focused on engaging people in the field. The goal
28 of FSP Programs is to assist the Client's progress through pre-determined quality of life outcome
29 domains (housing, decreased jail, decreased hospitalization, increased education involvement, increased
30 employment opportunities and retention, linkage to medical providers, etc.) and become more
31 independent and self-sufficient as Clients move through the continuum of Recovery and evidence by
32 progressing to lower level of care or out of the "intensive case management need" category.

33 19. Housing Specialist means a specialized position dedicated to developing the full array of
34 housing options for their program and monitoring their suitability for the population served in
35 accordance with the minimal housing standards policy set by the COUNTY for their program. This
36 individual is also responsible for assisting Clients with applications to low income housing, housing
37 subsidies, senior housing, etc. This individual is responsible for keeping abreast of the continuum of

1 housing placements as well as Fair Housing laws and guidelines. This individual is responsible for
 2 understanding the procedures involved in housing placement, including but not limited to: the referral
 3 process, Coordinated Entry System, Licensed Residential placements, and temporary housing
 4 placements.

5 20. Individual Services and Support Funds – Flexible Funds means funds intended for use to
 6 provide Clients and/or their families with immediate assistance, as deemed necessary, for the treatment
 7 of their mental illness and their overall quality of life. Flexible Funds are generally categorized as
 8 housing, Client transportation, food, clothing, medical and miscellaneous expenditures that are
 9 individualized and appropriate to support Client’s mental health treatment activities.

10 21. Intake means the initial meeting between a Client and CONTRACTOR’s staff and includes
 11 an evaluation to determine if the Client meets program criteria and is willing to seek services.

12 22. Intern means an individual enrolled in an accredited graduate program accumulating
 13 clinically supervised work experience hours as part of field work, internship, or practicum requirements.
 14 Acceptable graduate programs include all programs that assist the student in meeting the educational
 15 requirements in becoming a MFT, a licensed CSW, or a licensed Clinical Psychologist.

16 23. IRIS means Integrated Records Information System and refers to a collection of
 17 applications and databases that serve the needs of programs within the COUNTY and includes
 18 functionality such as registration and scheduling, laboratory information system, billing and reporting
 19 capabilities, compliance with regulatory requirements, electronic medical records and other relevant
 20 applications.

21 24. Job Coach/Developer means a specialized position dedicated to cultivating and nurturing
 22 employment opportunities for the Clients and matching the job to the Client’s strengths, abilities,
 23 desires, and goals. This position will also integrate knowledge about career development and job
 24 preparation to ensure successful job retention and satisfaction of both employer and employee.

25 25. Linkage means to assist an individual to connect with a referral.

26 26. Medical Necessity means the requirements as defined in the COUNTY MHP Medical
 27 Necessity for Medi-Cal reimbursed Specialty Mental Health Services that includes Diagnosis,
 28 Impairment Criteria and Intervention Related Criteria.

29 27. Member Advisory Board means a member-driven board which shall direct the activities,
 30 provide recommendations for ongoing program development, and create the rules of conduct for the
 31 program.

32 28. Mental Health Services means interventions designed to provide the maximum reduction of
 33 mental disability and restoration or maintenance of functioning consistent with the requirements for
 34 learning, development and enhanced self-sufficiency. Services shall include:

35 a. Assessment means a service activity, which may include a clinical analysis of the
 36 history and current status of a beneficiary’s mental, emotional, or behavioral disorder, relevant cultural
 37 issues and history, Diagnosis and the use of testing procedures.

1 b. Collateral means a significant support person in a beneficiary's life and is used to
 2 define services provided to them with the intent of improving or maintaining the mental health status of
 3 the Client. The beneficiary may or may not be present for this service activity.

4 c. Co-Occurring Integrated Treatment Model means, in evidence-based Integrated
 5 Treatment programs, Clients who receive a combined treatment for mental illness and substance use
 6 disorders from the same practitioner or treatment team.

7 d. Crisis Intervention means a service, lasting less than twenty-four (24) hours, to or on
 8 behalf of a Client for a condition which requires more timely response than a regularly scheduled visit.
 9 Service activities may include, but are not limited to, assessment, collateral and therapy.

10 e. Medication Support Services means those services provided by a licensed physician,
 11 registered nurse, or other qualified medical staff, which includes prescribing, administering, dispensing
 12 and monitoring of psychiatric medications or biologicals and which are necessary to alleviate the
 13 symptoms of mental illness. These services also include evaluation and documentation of the clinical
 14 justification and effectiveness for use of the medication, dosage, side effects, compliance and response
 15 to medication, as well as obtaining informed consent, providing medication education and plan
 16 development related to the delivery of the service and/or assessment of the beneficiary.

17 f. Rehabilitation Service means an activity which includes assistance in improving,
 18 maintaining, or restoring a Client's or group of Clients' functional skills, daily living skills, social and
 19 leisure skill, grooming and personal hygiene skills, meal preparation skills, support resources and/or
 20 medication education.

21 g. Targeted Case Management means services that assist a beneficiary to access needed
 22 medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The
 23 service activities may include, but are not limited to, communication, coordination and referral;
 24 monitoring service delivery to ensure beneficiary access to service and the service delivery system;
 25 monitoring of the beneficiary's progress; and plan development.

26 h. Therapy means a service activity which is a therapeutic intervention that focuses
 27 primarily on symptom reduction as a means to improve functional impairments. Therapy may be
 28 delivered to an individual or group of beneficiaries which may include family therapy in which the
 29 beneficiary is present.

30 29. Mental Health Worker means an individual that assists in planning, developing and
 31 evaluating mental health services for Clients; provides liaison between Clients and service providers;
 32 and has obtained a Bachelor's degree in a behavioral science field such as psychology, counseling, or
 33 social work, or has two years of experience providing client related services to Clients experiencing
 34 mental health, and substance use disorders. Education in a behavioral science field such as psychology,
 35 counseling, or social work may be substituted for up to one year of the experience requirement.

36 30. MFT means Marriage and Family Therapist and refers to an individual who meets the
 37 minimum professional and licensure requirements set forth in CCR, Title 9, Section 625.

1 31. MHS means Mental Health Specialist and refers to an individual who has a Bachelor's
 2 Degree and four years of experience in a mental health setting and who performs individual and group
 3 case management studies.

4 32. MHSA means Mental Health Services Act and refers to the law that provides funding for
 5 expanded community Mental Health Services. It is also known as "Proposition 63."

6 33. MORS means Milestones of Recovery Scale and refers to a Recovery scale that COUNTY
 7 will be using for the Adult mental health programs in COUNTY. The scale will provide the means of
 8 assigning Clients to their appropriate level of care and replace the diagnostic and acuity of illness-based
 9 tools being used today. MORS is ideally suited to serve as a Recovery-based tool for identifying the
 10 level of service needed by participating members. The scale will be used to create a map of the system
 11 by determining which milestone(s) or level of Recovery (based on the MORS) are the target groups for
 12 different programs across the continuum of programs and services offered by COUNTY.

13 34. NOA-A means Notice of Action and refers to a Medi-Cal requirement that informs the
 14 beneficiary that he/she is not entitled to any specialty mental health service. The COUNTY has
 15 expanded the requirement for an NOA-A to all individuals requesting an assessment for services and
 16 found not to meet the Medical Necessity criteria for specialty Mental Health Services.

17 35. NPI means National Provider Identifier and refers to the standard unique health identifier
 18 that was adopted by the Secretary of HHS under HIPAA for health care providers. All HIPAA covered
 19 healthcare providers, individuals and organizations must obtain an NPI for use to identify themselves in
 20 HIPAA standard transactions. The NPI is assigned for life.

21 36. NPP means Notice of Privacy Practices and refers to a document that notifies individuals of
 22 uses and disclosures of PHI that may be made by or on behalf of the health plan or health care provider
 23 as set forth in HIPAA.

24 37. Outreach means the Outreach to potential Clients to link them to appropriate Mental Health
 25 Services and may include activities that involve educating the community about the services offered and
 26 requirements for participation in the programs. Such activities should result in the CONTRACTOR
 27 developing their own Client referral sources for the programs they offer.

28 38. Peer Recovery Specialist/Counselor means an individual who has been through the same or
 29 similar Recovery process as those he/she is now assisting to attain their Recovery goals while getting
 30 paid for this function by the program. A Peer Recovery Specialist/Counselor's practice is informed by
 31 his/her own experience.

32 39. Pharmacy Benefits Manager means the organization that manages the medication benefits
 33 that are given to Clients that qualify for medication benefits.

34 40. PHI means Personal Health Information and refers to individually identifiable health
 35 information usually transmitted by electronic media, maintained in any medium as defined in the
 36 regulations, or for an entity such as a health plan, transmitted or maintained in any other medium. It is
 37 created or received by a covered entity and relates to the past, present, or future physical or mental

1 health or condition of an individual, provision of health care to an individual, or the past, present, or
 2 future payment for health care provided to an individual.

3 41. Pre-Licensed Psychologist means an individual who has obtained a Ph.D. or Psy.D. in
 4 Clinical Psychology and is registered with the Board of Psychology as a registered Psychology Intern or
 5 Psychological Assistant, acquiring hours for licensing and waived in accordance with Welfare and
 6 Institutions Code section 575.2. The waiver may not exceed five (5) years.

7 42. Plan Coordinator means an MHS, CSW, or MFT that provides mental, crisis intervention
 8 and case management services to those Clients who seek services in the COUNTY operated outpatient
 9 programs.

10 43. Pre-Licensed Therapist means an individual who has obtained a Master's Degree in Social
 11 Work or Marriage and Family Therapy and is registered with the BBS as an Associate CSW or MFT
 12 Intern acquiring hours for licensing. An individual's registration is subject to regulations adopted by the
 13 BBS.

14 44. Program Director means an individual who has complete responsibility for the day to day
 15 function of the program. The Program Director is the highest level of decision making at a local,
 16 program level.

17 45. Promotora de Salud Model means a model where trained individuals, Promotores, work
 18 towards improving the health of their communities by linking their neighbors to health care and social
 19 services, educating their peers about mental illness, disease and injury prevention.

20 46. Promotores means individuals who are members of the community who function as natural
 21 helpers to address some of their communities' unmet mental health, health and human service needs.
 22 They are individuals who represent the ethnic, socio-economic and educational traits of the population
 23 he/she serves. Promotores are respected and recognized by their peers and have the pulse of the
 24 community's needs.

25 47. PSC means Personal Services Coordinator and refers to an individual who will be part of a
 26 multi-disciplinary team that will provide community based Mental Health Services to adults that are
 27 struggling with persistent and severe mental illness as well as homelessness, rehabilitation and Recovery
 28 principles. The PSC is responsible for clinical care and case management of assigned Client and
 29 families in a community, home, or program setting. This includes assisting Clients with mental health,
 30 housing, vocational and educational needs. The position is also responsible for administrative and
 31 clinical documentation as well as participating in trainings and team meetings. The PSC shall be active
 32 in supporting and implementing the program's philosophy and its individualized, strength-based,
 33 culturally/linguistically competent and Client-centered approach.

34 48. Psychiatrist means an individual who meets the minimum professional and licensure
 35 requirements set forth in Title 9, CCR, Section 623.

36 49. Psychologist means an individual who meets the minimum professional and licensure
 37 requirements set forth in Title 9, CCR, Section 624.

1 50. QIC means Quality Improvement Committee and refers to a committee that meets quarterly
 2 to review one percent (1%) of all “high-risk” Medi-Cal Clients to monitor and evaluate the quality and
 3 appropriateness of services provided. At a minimum, the committee is comprised of one (1)
 4 CONTRACTOR administrator, one (1) Clinician and one (1) Physician who are not involved in the
 5 clinical care of the cases.

6 51. Recovery means a process of change through which individuals improve their health and
 7 wellness, live a self-directed life, and strive to reach their full potential, and identifies four major
 8 dimensions to support Recovery in life:

9 a. Health: Overcoming or managing one’s disease(s) as well as living in a physically and
 10 emotionally healthy way;

11 b. Home: A stable and safe place to live;

12 c. Purpose: Meaningful daily activities, such as a job, school, volunteerism, family
 13 caretaking, or creative endeavors, and the independence, income, and resources to participate in society;
 14 and

15 d. Community: Relationships and social networks that provide support, friendship, love,
 16 and hope.

17 52. Referral means the act of sending an individual to another person or place for services,
 18 help, advice, etc.

19 53. SUD means Substance Use Disorder and refers to a condition in which the use of one or
 20 more substances leads to a clinically significant impairment or distress per the DSM-5.

21 54. Supportive Housing PSC means a person who provides services in a supportive housing
 22 structure. This person will coordinate activities which will include, but not be limited to: independent
 23 living skills, social activities, supporting communal living, assisting residents with conflict resolution,
 24 advocacy, and linking Clients with the assigned PSC for clinical issues. Supportive Housing PSC will
 25 consult with the multidisciplinary team of Clients assigned by the program. The PSCs will be active in
 26 supporting and implementing a full service partnership philosophy and its individualized, strengths-
 27 based, culturally appropriate, and Client-centered approach. The Supportive Housing PSC will support
 28 all MHSA residents living in the assigned housing project, whether or not the tenant is receiving
 29 services from the on-site FSP. The Supportive Housing PSC will work with Property Manager, MHSA
 30 Housing County monitor, Resident Clinical Service Coordinator, and other support services located on-
 31 site. This individual will provide services that support housing sustainability for MHSA tenants and will
 32 be active in supporting and implementing a Full Service Partnership approach that is individualized,
 33 strengths-based, culturally appropriate, and Client-centered.

34 55. Supervisory Review means ongoing clinical case reviews in accordance with procedures
 35 developed by ADMINISTRATOR, to determine the appropriateness of Diagnosis and treatment and to
 36 monitor compliance to the minimum ADMINISTRATOR and Medi-Cal charting standards.
 37 Supervisory review is conducted by the program/clinic director or designee.

1 56. Token means the security device which allows an individual user to access the COUNTY's
 2 computer based IRIS.

3 57. UMDAP means the Uniform Method of Determining Ability to Pay and refers to the
 4 method used for determining the annual Client liability for Mental Health Services received from the
 5 COUNTY mental health system and is set by the State of California.

6 58. Vocational/Educational Specialist means a person who provides services that range from
 7 pre-vocational groups, trainings and supports to obtain employment out in the community based on the
 8 Clients' level of need and desired support. The Vocational/Educational Specialist will provide "one on
 9 one" vocational counseling and support to Clients to ensure that their needs and goals are being met.
 10 The overall focus of Vocational/Educational Specialist is to empower Clients and provide them with the
 11 knowledge and resources to achieve the highest level of vocational functioning possible.

12 59. WRAP means Wellness Recovery Action Plan and refers to a Client self-help technique for
 13 monitoring and responding to symptoms to achieve the highest possible levels of wellness, stability, and
 14 quality of life.

15 B. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
 16 Common Terms and Definitions Paragraph of this Exhibit A-1 to the Contract.

17
 18 **. BUDGET**

19 A. COUNTY shall pay CONTRACTOR in accordance with the Payments Paragraph in this
 20 Exhibit A-1 to the Contract and the following budget, which are set forth for informational purposes
 21 only and may be adjusted by mutual Contract, in writing, of ADMINISTRATOR and CONTRACTOR.

22 //

	<u>TOTAL</u>
<u>ADMINISTRATIVE COST</u>	
<u>Indirect Costs</u>	<u>\$ 612,891</u>
<u>SUBTOTAL</u>	<u>\$ 612,891</u>
<u>ADMINISTRATIVE COST</u>	
<u>PROGRAM COST</u>	
<u>Salaries</u>	<u>\$ 1,974,655</u>
<u>Benefits</u>	<u>599,550</u>
<u>Services and Supplies</u>	<u>645,541</u>
<u>Flexible Funds</u>	<u>316,634</u>
<u>Subcontracts</u>	<u>549,560</u>
<u>SUBTOTAL PROGRAM</u>	<u>\$ 4,085,940</u>
<u>COST</u>	

1	<u>GROSS COST</u>	<u>\$4,698,831</u>
2		
3	<u>REVENUE</u>	
4	<u> FFP Medi-Cal</u>	<u>\$1,527,120</u>
5	<u> MHSA Medi-Cal</u>	<u>1,527,120</u>
6	<u> MHSA</u>	<u>1,644,591</u>
7	<u>TOTAL REVENUE</u>	<u>\$4,698,831</u>
8		
9	<u>TOTAL BUDGET</u>	<u>\$4,698,831</u>

11 B. CONTRACTOR and ADMINISTRATOR mutually agree that the Total Budget identified in
12 Subparagraph II.A. of this Exhibit A-1 to the Contract includes Indirect Costs not to exceed fifteen
13 percent (15%) of Direct Costs, and which may include operating income estimated at two percent (2%).
14 Final settlement paid to CONTRACTOR shall include Indirect Costs and such Indirect Costs may
15 include operating income.

16 C. CONTRACTOR agrees that the amount of MHSA Medi-Cal Match is dependent upon, and
17 shall at no time be greater than, the amount of Federal Medi-Cal actually generated by CONTRACTOR,
18 unless authorized by ADMINISTRATOR.

19 D. In the event CONTRACTOR collects fees and insurance, including Medicare, for services
20 provided pursuant to the Contract, CONTRACTOR may make written application to
21 ADMINISTRATOR to retain such revenues; provided, however, the application must specify that the
22 fees and insurance will be utilized exclusively to provide mental health services. ADMINISTRATOR
23 may, at its sole discretion, approve any such retention of revenues. Approval by ADMINISTRATOR
24 shall be in writing to CONTRACTOR and will specify the amount of said revenues to be retained and
25 the quantity of services to be provided by CONTRACTOR. Fees received from private resources on
26 behalf of Medi-Cal Clients shall not be eligible for retention by CONTRACTOR.

27 E. FLEXIBLE FUNDS

28 1. CONTRACTOR shall develop a P&P, or revise the existing P&P regarding Flexible Funds
29 and submit to ADMINISTRATOR no later than twenty (20) calendar days from the start of the
30 Contract. ADMINISTRATOR and CONTRACTOR shall finalize and approve the P&P, in writing, no
31 later than thirty (30) days from the start of the Contract. If the Flexible Funds P&P has not been
32 approved after thirty (30) days from the start of the Contract, any subsequent Flexible Funds
33 expenditures may be disallowed by ADMINISTRATOR.

34 2. CONTRACTOR shall ensure that utilization of Flexible Funds is individualized and
35 appropriate for the treatment of Client's mental illness and overall quality of life.

36 //

37 //

1 3. CONTRACTOR shall report the utilization of their Flexible Funds monthly on a form
 2 approved by ADMINISTRATOR. The Flexible Funds report shall be submitted with
 3 CONTRACTOR's monthly Expenditure and Revenue Report.

4 4. CONTRACTOR shall ensure that all staff is trained and has a clear understanding of the
 5 approved Flexible Funds P&P. CONTRACTOR will provide signature confirmation of the Flexible
 6 Funds P&P training for each staff member that utilizes these Flexible Funds for a Client.

7 5. CONTRACTOR shall ensure the Flexible Funds P&P will include, but not be limited to,
 8 the following:

9 a. Purpose for which Flexible Funds are to be utilized. This shall include a description of
 10 what type of expenditures are appropriate, reasonable, justified and that the expenditure of Flexible
 11 Funds shall be individualized according to Client's needs. Include a sample listing of certain
 12 expenditures that are allowable, unallowable, or require discussion with ADMINSTRATOR;

13 b. Identification of specific CONTRACTOR staff designated to authorize Flexible Funds
 14 expenditures and the mechanism used to ensure this staff has timely access to Flexible Funds. This may
 15 include procedures for check requests/petty cash, or other methods of access to these funds;

16 c. Identification of the process for documenting and accounting for all Flexible Funds
 17 expenditures, which shall include, but not be limited to, retention of comprehensible source
 18 documentation such as receipts, copy of Client's lease/rental Contracts, general ledgers needs
 19 documented in Client's treatment plan;

20 d. Statement indicating that Flexible Funds may be utilized when other community
 21 resources such as family/friends, food banks, shelters, charitable organizations, etc. are not available in a
 22 timely manner, or are not appropriate for a Client's situation. PSCs will assist Clients in exploring other
 23 available resources, whenever possible, prior to utilizing Flexible Funds;

24 e. Statement indicating that no single Flexible Funds expenditure, in excess of \$1,000,
 25 shall be made without prior written approval of ADMINISTRATOR. In emergency situations,
 26 CONTRACTOR may exceed the \$1,000 limit, if appropriate and justified, and shall notify
 27 ADMINISTRATOR the next business day of such an expense. Said notification shall include total costs
 28 and a justification for the expense. Failure to notify ADMINISTRATOR within the specified timeframe
 29 may result in disallowance of the expenditure;

30 f. Statement that pre-purchases shall only be for food, transportation, clothing and motels,
 31 as required and appropriate;

32 g. Statement indicating that pre-purchases of food, transportation and clothing vouchers
 33 and/or gift cards shall be limited to a combined, \$5,000 supply on-hand at any given time and that all
 34 voucher and/or gift card purchases and disbursement shall be tracked and logged by designated
 35 CONTRACTOR staff. Vouchers and/or gift cards shall be limited in monetary value to less than
 36 twenty-five (\$25) each, unless otherwise approved in advance by ADMINISTRATOR in writing;

37 //

1 h. Statement indicating that pre-purchases for motels shall be on a case-by-case basis and
 2 time-limited in nature and only utilized while more appropriate housing is being located. Pre-purchase
 3 of motel rooms shall be tracked and logged upon purchase and disbursement;

4 i. Statement indicating that Flexible Funds are not to be used for housing for Clients that
 5 have not been enrolled in CONTRACTOR's program, unless approved, in advance and in writing, by
 6 ADMINISTRATOR;

7 j. Statement indicating that Flexible Funds shall not be given in the form of cash to any
 8 Clients either enrolled or in the outreach and engagement phase of the CONTRACTOR's program; and

9 k. Identification of procedure to ensure secured storage and documented disbursement of
 10 gift cards and vouchers for Clients, including end of year process accounting for gift cards still in staff
 11 possession.

12 F. BUDGET/STAFFING MODIFICATIONS - CONTRACTOR may request to shift funds
 13 between programs, or between budgeted line items within a program, for the purpose of meeting
 14 specific program needs or for providing continuity of care to its Clients, by utilizing a Budget/Staffing
 15 Modification Request form provided by ADMINISTRATOR. CONTRACTOR shall submit a properly
 16 completed Budget/Staffing Modification Request to ADMINISTRATOR for consideration, in advance,
 17 which will include a justification narrative specifying the purpose of the request, the amount of said
 18 funds to be shifted, and the sustaining annual impact of the shift as may be applicable to the current
 19 contract period and/or future contract periods. CONTRACTOR shall obtain written approval of any
 20 Budget/Staffing Modification Request(s) from ADMINISTRATOR prior to implementation by
 21 CONTRACTOR. Failure of CONTRACTOR to obtain written approval from ADMINISTRATOR for
 22 any proposed Budget/Staffing Modification Request(s) may result in disallowance of those costs.

23 G. FINANCIAL RECORDS - CONTRACTOR shall prepare and maintain accurate and complete
 24 financial records of its cost and operating expenses. Such records will reflect the actual cost of the type
 25 of service for which payment is claimed. Any apportionment of or distribution of costs, including
 26 indirect costs, to or between programs or cost centers of CONTRACTOR shall be documented, and will
 27 be made in accordance with generally accepted principles of accounting, and Medicare regulations. The
 28 Client eligibility determination and fee charged to and collected from Clients, together with a record of
 29 all billings rendered and revenues received from any source, on behalf of Clients treated pursuant to the
 30 Contract, must be reflected in CONTRACTOR's financial records.

31 H. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
 32 Budget Paragraph of this Exhibit A-1 to the Contract.

33 . PAYMENTS

34 A. COUNTY shall pay CONTRACTOR monthly, in arrears, at the provisional amount of
 35 \$391,569 per month. All payments are interim payments only, and subject to final settlement in
 36 accordance with the Cost Report Paragraph of the Contract for which CONTRACTOR shall be
 37

1 reimbursed for the actual cost of providing the services, which may include Indirect Administrative
 2 Costs, as identified in Subparagraph II.A. of this Exhibit A-1 to the Contract; provided, however, the
 3 total of such payments does not exceed the Maximum Obligation for each period as stated in the
 4 Referenced Contract Provisions of the Contract and provided further, CONTRACTOR's costs are
 5 reimbursable pursuant to COUNTY, state, and/or federal regulations. ADMINISTRATOR may, at its
 6 discretion, pay supplemental invoices for any month for which the provisional amount specified above
 7 has not been fully paid.

8 1. In support of the monthly invoice, CONTRACTOR shall submit an Expenditure and
 9 Revenue Report as specified in the Reports Paragraph of this Exhibit A-1 to the Contract.
 10 ADMINISTRATOR shall use the Expenditure and Revenue Report to determine payment to
 11 CONTRACTOR as specified in Subparagraphs A-1.2. and A-1.3., below.

12 2. If, at any time, CONTRACTOR's Expenditure and Revenue Reports indicate that the
 13 provisional amount payments exceed the actual cost of providing services, ADMINISTRATOR may
 14 reduce COUNTY payments to CONTRACTOR by an amount not to exceed the difference between the
 15 year-to-date provisional amount payments to CONTRACTOR's and the year-to-date actual cost
 16 incurred by CONTRACTOR.

17 3. If, at any time, CONTRACTOR's Expenditure and Revenue Reports indicate that the
 18 provisional amount payments are less than the actual cost of providing services, ADMINISTRATOR
 19 may authorize an increase in the provisional amount payment to CONTRACTOR by an amount not to
 20 exceed the difference between the year-to-date provisional amount payments to CONTRACTOR and
 21 the year-to-date actual cost incurred by CONTRACTOR.

22 B. CONTRACTOR's invoice shall be on a form approved or supplied by COUNTY and provide
 23 such information as is required by ADMINISTRATOR. Invoices are due the tenth (10th) day of each
 24 month. Invoices received after the due date may not be paid within the same month. Payments to
 25 CONTRACTOR should be released by COUNTY no later than twenty-one (21) calendar days after
 26 receipt of the correctly completed invoice.

27 C. All invoices to COUNTY shall be supported, at CONTRACTOR's facility, by source
 28 documentation including, but not limited to, ledgers, journals, time sheets, invoices, bank statements,
 29 canceled checks, receipts, receiving records and records of services provided.

30 D. ADMINISTRATOR may withhold or delay any payment if CONTRACTOR fails to comply
 31 with any provision of the Contract.

32 E. COUNTY shall not reimburse CONTRACTOR for services provided beyond the expiration
 33 and/or termination of the Contract, except as may otherwise be provided under the Contract, or
 34 specifically agreed upon in a subsequent Contract.

35 F. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
 36 Payments Paragraph of this Exhibit A-1 to the Contract.

37 //

REPORTS

A. CONTRACTOR shall maintain records and make statistical reports as required by ADMINISTRATOR and the DHCS on forms provided by either agency.

B. FISCAL

1. CONTRACTOR shall submit monthly Expenditure and Revenue Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will report actual costs and revenues for CONTRACTOR's program described in the Services Paragraph of this Exhibit A-1 to the Contract. Such reports will also include actual productivity as defined by ADMINISTRATOR. The reports will be received by ADMINISTRATOR no later than the twentieth (20th) day following the end of the month being reported. CONTRACTOR must request in writing any extensions to the due date of the monthly required reports. If an extension is approved by ADMINISTRATOR, the total extension will not exceed more than five (5) calendar days.

2. CONTRACTOR shall submit monthly Year-End Projection Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will report anticipated year-end actual costs and revenues for CONTRACTOR's program described in the Services Paragraph of this Exhibit A-1 to the Contract. Such reports will include actual monthly costs and revenue to date and anticipated monthly costs and revenue to the end of the fiscal year. Year-End Projection Reports will be submitted in conjunction with the Monthly Expenditure and Revenue Reports.

C. STAFFING - CONTRACTOR shall submit monthly Staffing Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will, at a minimum, report the actual FTEs of the positions stipulated in the Staffing Paragraph of this Exhibit A-1 to the Contract and will include the employees' names, licensure status, monthly salary, hire and/or termination date and any other pertinent information as may be required by ADMINISTRATOR. The reports will be received by ADMINISTRATOR no later than twenty (20) calendar days following the end of the month being reported.

D. PROGRAMMATIC

1. CONTRACTOR shall submit programmatic reports to ADMINISTRATOR, as indicated below, on a form acceptable to or provided by ADMINISTRATOR, which will be received by ADMINISTRATOR no later than twenty (20) calendar days following the end of the month/quarter being reported unless otherwise specified. Mental Health Programmatic reports will include the following:

a. A description of CONTRACTOR's progress in implementing the provisions of this Contract,

b. Report of placement and movement of Clients along the continuum of services using guidelines for monthly report of the number of 5150 participants,

c. Voluntary and involuntary hospitalizations and special incidences,

1 d. Vocational programs, educational programs, including new job placements, Clients in
 2 continuing employment.

3 e. Reporting of the numbers of Clients based upon their level of function in the MORs
 4 Level system.

5 f. Chart compliance by percentage of compliance with all Medi-Cal records, in addition
 6 to any pertinent facts or interim findings, staff changes, status of Licenses and/or Certifications, changes
 7 in population served and reasons for any such changes.

8 g. CONTRACTOR statement whether the program is or is not progressing satisfactorily
 9 in achieving all the terms of this Contract, and if not, shall specify what steps will be taken to achieve
 10 satisfactory progress.

11 2. CONTRACTOR shall document all adverse incidents affecting the physical and/or
 12 emotional welfare of Clients, including but not limited to serious physical harm to self or others, serious
 13 destruction of property, developments, etc., and which may raise liability issues with COUNTY.
 14 CONTRACTOR shall notify COUNTY within twenty-four (24) hours of any such serious adverse
 15 incident.

16 3. CONTRACTOR shall advise ADMINISTRATOR of any special incidents, conditions, or
 17 issues that adversely affect the quality or accessibility of Client-related services provided by, or under
 18 contract with, the COUNTY as identified in the HCA P&Ps.

19 E. ADDITIONAL REPORTS – Upon ADMINISTRATOR’s request, CONTRACTOR shall make
 20 such additional reports as required by ADMINISTRATOR concerning CONTRACTOR's activities as
 21 they affect the services hereunder. ADMINISTRATOR shall be specific as to the nature of information
 22 requested and allow up to thirty (30) calendar days for CONTRACTOR to respond.

23 F. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
 24 Reports Paragraph of this Exhibit A-1 to the Contract.

25 . SERVICES

26 A. FACILITY – CONTRACTOR shall maintain a facility which meets the minimum requirements
 27 for Medi-Cal and Medicare eligibility for the provision of General Population Full
 28 //
 29 Service Partnership Services for exclusive use by COUNTY at the following location, or any other
 30 location approved, in advance, in writing, by ADMINISTRATOR:

31 TAO North
 32 2531 West Woodland Dr.
 33 Anaheim, CA 92801
 34
 35
 36
 37

1 1. The facility shall include space to support the services identified within the Contract.

2 2. CONTRACTOR shall maintain regularly scheduled service hours, Monday through Friday,
 3 in adherence with COUNTY's regularly scheduled service hours and holidays. In addition, the
 4 CONTRACTOR shall operate extended hours at least two (2) evenings or day per week and provide
 5 limited weekend services and activities to accommodate Clients' needs. Any change or deviation from
 6 this schedule must have prior approval from COUNTY. CONTRACTOR agrees to provide access by
 7 phone or in person to its Clients twenty-four (24) hours per day, seven (7) days per week, whichever the
 8 situation indicates.

9 3. CONTRACTOR shall maintain a holiday schedule consistent with the COUNTY's holiday
 10 schedule, unless otherwise approved, in advance and in writing, by ADMINISTRATOR.

11 4. CONTRACTOR shall obtain a NPI - The standard unique health identifier adopted by the
 12 Secretary of HHS under HIPAA of 1996 for health care providers.

13 B. INDIVIDUALS TO BE SERVED - Seriously and persistently mentally ill adults, ages eighteen
 14 (18) years and older and must be legally residing in Orange County and otherwise eligible for public
 15 services under Federal and State law. ADMINISTRATOR will serve as a principal gatekeeper to
 16 potential Clients with one or more of the following conditions:

17 1. Homelessness or at risk of homelessness;

18 2. At risk of institutionalization or hospitalization;

19 3. Co-occurring substance use disorders; or

20 4. Unserved or underserved or not successfully engaged in traditional mental health services.

21 C. PROGRAM PHILOSOPHIES – CONTRACTOR's program shall be guided by the following
 22 values, philosophies, and approaches to Recovery in the services provided:

23 1. Ensuring Cultural Considerations – CONTRACTOR shall tailor services to the Clients'
 24 worldview and belief systems and to enhance the therapeutic relationship, intervention, and outcome.
 25 Consideration to how Clients' identify in terms of race, ethnicity, sexual orientation, and spirituality
 26 shall be considered when developing and providing services.

27 2. Being Fully Served, Ensuring Integrated Experience – To begin to understand and apply
 28 FSP practices, one must first understand the concepts inherent in the carefully selected phrase Full
 29 Service Partnership, including the idea of what it means to "be fully served" and providing an integrated
 30 service experience within the FSP. Individuals who have been diagnosed with a serious mental illness
 31 shall receive mental health services through an individual service plan where both the Client and their
 32 PSC agree that they are getting the services they want and need, in order to achieve their wellness and
 33 Recovery goals.

34 3. Tailoring Service Coordination to Client Stage of Recovery – CONTRACTOR shall
 35 identify and define levels of service and supports that create a continuum of services based on the
 36 Clients' stages of Recovery to ensure that Clients are "fully served."

37 4. Outreach and Engagement – CONTRACTOR shall form the foundation of a partnership by

1 bringing individuals successfully into the FSP as well as to retain Clients in the FSP while they need
 2 services.

3 5. Welcoming Environments – CONTRACTOR shall convey a sense of welcoming to Clients
 4 that reflects the belief in Recovery. The healing and Recovery process will not truly begin until a Client
 5 feels welcomed and accepted into the services and supports provided by the FSP team.

6 6. Stage of Readiness for Change – CONTRACTOR shall effect change by first focusing
 7 interventions based on Clients’ Stage of Readiness of Change toward changing behaviors and have
 8 concrete interventions and supports to support the Client’s move towards Recovery in that specific area
 9 of their life.

10 7. Client or Person Centered Treatment Planning and Service Delivery – CONTRACTOR
 11 shall promote a foundation for healing through the relationship between the Client and Personal Services
 12 Coordinator or FSP team through the use of Client or Person Centered Treatment Planning and Service
 13 Delivery.

14 8. Fostering Independence, Self-Determination and Transitioning to Community Supports –
 15 CONTRACTOR shall assist Clients in becoming more engaged in their Recovery to reduce reliance on
 16 the mental health system, as mental health interventions become less necessary.

17 9. Community Capacity Building – CONTRACTOR shall assist Clients in managing and
 18 living productive lives in their community; to reduce unnecessary Client reliance on the mental health
 19 system; and to increase capacity within the system to serve new Clients.

20 10. Use of Strength-Based Approach – CONTRACTOR shall help Clients identify and use
 21 their individual strengths in treatment as an effective way to help Clients achieve their goals and believe
 22 that Recovery is possible.

23 11. Client Self-Management – CONTRACTOR shall assist Clients in learning to assume more
 24 responsibility for their overall care by becoming more involved in decision-making and successfully
 25 manage their symptoms.

26 12. Integrated Services for Clients with Co-Occurring Substance Use and Mental Health
 27 Disorders – CONTRACTOR shall integrate substance use and mental health services into one treatment
 28 plan as it is critical to the Recovery process for both disorders. Integrated Dual Disorder Treatment
 29 model is an approach that helps people recover by offering treatments that combine or integrate mental
 30 health and substance use interventions at the level of the clinical encounter. Ultimately, the goal of
 31 Integrated Dual Disorder Treatment is to help people manage both their mental illness and substance use
 32 disorders so that they can pursue their own meaningful life goals.

33 13. Role of Medication and Therapy – CONTRACTOR shall understand the potential role and
 34 value of therapy, counseling, and role modeling as treatment modalities within a FSP. CONTRACTOR
 35 shall identify strategies for FSP teams to work collaboratively with Clients to find the best approach to
 36 support his/her success.

37 //

1 14. Reconnecting with Family – CONTRACTOR shall facilitate the Recovery process and add
 2 an element of social support to the Client and include the family in services.

3 15. Increasing Social Supports and Community Integration – CONTRACTOR shall work with
 4 Clients to shift Clients’ support from weighing heavily on the mental health system to weighing more
 5 heavily in the community. CONTRACTOR shall focus on increasing Clients’ social network and
 6 increasing their opportunities to meet new people as Clients Recovery progresses.

7 16. Education, Employment and Volunteering – CONTRACTOR shall work with Clients to
 8 engage in activities that are meaningful, create self-sufficiency, and give back to the community.

9 17. Reducing Involvement in the Criminal Justice System – CONTRACTOR shall minimize
 10 Client contact with law enforcement and the judicial system.

11 18. Linkage to and Coordination of Health Care – CONTRACTOR shall ensure all FSP Clients
 12 have access to needed comprehensive health care. Access to these services is particularly critical since
 13 mental health Clients often have undiagnosed and untreated medical conditions that result in chronic
 14 medical conditions and premature death.

15 19. Coordination of Inpatient Care/Incarceration – CONTRACTOR shall ensure coordination
 16 of services when FSP Clients are in a psychiatric hospital or incarcerated and plan for a successful
 17 discharge.

18 20. Team Service Approach and Meeting Structure – CONTRACTOR shall utilize the FSP
 19 team as a whole in treatment and service planning.

20 21. Use of Peer Staff – CONTRACTOR shall maintain the ability to develop and utilize peers
 21 who are knowledgeable about the needs of Clients. CONTRACTOR shall identify meaningful roles for
 22 peer employees as part of a FSP team. Employing Clients is transformational and not only helps Clients
 23 give back to the system that helped them recover, but also, if done with care, will reduce the stigma
 24 associated with mental illness.

25 22. Creating an Array of Readily Available Housing Options – CONTRACTOR shall establish
 26 safe, affordable, and permanent housing for each Client.

27 23. Graduation is the expected outcome for all Clients and is not only crucial to the Clients as
 28 validation of their accomplishments and belief in their potential, but is also crucial for capacity and flow
 29 through our system. CONTRACTOR shall work with Clients to provide enough support for Clients to
 30 develop the confidence to move to lower levels of care or full community integration.

31 24. Evidence-Based Practices – CONTRACTOR shall focus on using EBPs whenever possible,
 32 including, but not limited to, the Assertive Community Treatment model, which embraces a “whatever it
 33 takes” approach to remove barriers for individuals to access the support needed to fully integrate into the
 34 community.

35 25. CONTRACTOR shall conduct ongoing evaluation of practices and outcomes to ensure that
 36 all components of MHSA FSP philosophy, as outlined above, are successfully implemented and
 37 achieving desired results. These results will be made available to COUNTY and the general public via:

1 the MHPA website, quarterly outcome focused management meetings and public forums upon request
 2 and approval of COUNTY. Services shall focus on EBPs whenever possible. CONTRACTOR shall
 3 have the needed expertise to collect and analyze data and outcomes in line with established fidelity
 4 measures. This expertise will ensure desired outcomes are achieved and routinely tested for accuracy.

5 D. PROGRAM SERVICES – CONTRACTOR’s program shall include, but not be limited to, the
 6 following services under the provision of FSP services:

7 1. Crisis Intervention and Management Services: Emergency response services enabling the
 8 Client to cope with the crisis while maintaining his/her functioning status within the community and aim
 9 at preventing further decompensation. This may include assessment for involuntary hospitalization.
 10 This service must be available twenty-four (24) hours per day, seven (7) days per week.

11 2. Medication Support Services: Evaluate need for medication, clinical effectiveness, side
 12 effects of medication and obtaining informed consent.

13 a. Medication education shall be provided including discussing risks, benefits and
 14 alternatives with the Clients or significant support persons when indicated.

15 b. Plan development related to decreasing impairments, delivery of services, evaluation of
 16 the status of the Client's community functions, prescribing, dispensing and administering psychotropic
 17 medications shall be discussed with the Client and documented.

18 c. Medication support services may occur in the office or in the field.

19 3. Co-Occurring Services: Follows a program that uses a stage-wise treatment model that is
 20 non-confrontational, follows behavioral principles, considers interactions between mental illness and
 21 substance use and has gradual expectations of abstinence. Mental illness and substance use research has
 22 strongly indicated that to recover fully, a Client with co-occurring disorder needs treatment for both
 23 problems as focusing on one does not ensure the other will go away. Co-occurring services integrate
 24 assistance for each condition, helping people recover from both in one setting at the same time. All
 25 treatment team members shall be co-occurring capable. When appropriate, the American Society of
 26 Addiction Medicine (ASAM) criteria shall be utilized to identify an appropriate level of co-occurring
 27 treatment indicated. Individuals will be provided a range of co-occurring services such as medical
 28 detox, social detox, residential treatment, sober living or outpatient treatment. As appropriate,
 29 CONTRACTOR shall collaborate with community support groups to include hosting self-help groups
 30 such as Alcoholics Anonymous and Narcotics Anonymous to provide Clients with an avenue for full
 31 recovery.

32 4. Vocational and Educational Services: As part of the continuum of Recovery it is important
 33 that Clients develop an “identity” other than that of a mental health Client; towards this end Clients will
 34 be supported in exploring a full range of opportunities, including but not limited to, volunteer
 35 opportunities, part-time/full-time work, supported employment, competitive employment and
 36 educational opportunities. CONTRACTOR’s staff shall have a dedicated Vocational/Educational
 37 Specialist to assist enrolled Clients with these services.

1 a. Educational Services: Clients may engage in a number of activities, such as General
 2 Education Degree preparation, linkage to colleges, vocational training adult schools. Peers may be used
 3 as teachers' aides to ease the anxiety of a new Client returning to continue educational goals.

4 b. Pre-Vocational Groups: Clients may engage in pre-vocational groups that assist Clients
 5 in determining their skills, interests, values, and realistic career goals. Individual treatment plans are
 6 developed and implemented with assistance in the following areas: career exploration, identification of
 7 personal strengths, values, and talents, resume writing, job seeking skills, interviewing skills, job
 8 placement, job retention, and symptom management in the workplace. These and other vocationally
 9 related topics shall be offered on a rotating basis to the Clients. The intent of these structured learning
 10 experiences is to actively involve Clients in identifying and developing their own positive work
 11 identities. From pre-vocational training, Clients are assisted and encouraged in beginning work in the
 12 community. The focus of the program is to find employment settings that match the Clients' interests,
 13 abilities, aptitudes, strengths and individualized goals.

14 c. Job Coaching/Developing: An Employment Specialist is to assist Clients in the
 15 exploration of various career options as well as actively strategizing collaborative relationships in the
 16 private and public sector to create job opportunities for Clients. This position will work closely with
 17 management staff and the Data Analyst to explore and implement evidence-based best practices in this
 18 area.

19 5. Family and Peer Support Services:

20 a. Connection to community, family and friends is a critical element to Recovery and
 21 shall be an integral part of CONTRACTOR's services. The PSCs will work to include Client's natural
 22 support system in treatment and services and peers will be hired as Peer Recovery Specialists to assist
 23 Clients in their Recovery.

24 b. Supportive Socialization and Meaningful Community Roles. CONTRACTOR shall
 25 provide client-centered services that will support clients in their recovery, self-sufficiency and
 26 development of meaningful life activities and relationships.

27 6. Transportation Services: These services may include, but not be limited to: provision of
 28 bus tickets. Transportation may be conducted by the driver or any PSC in the case that the Client is not
 29 taking public transportation. CONTRACTOR shall provide transportation to any treatment or court
 30 related appointments deemed necessary for the Client care; transportation for emergency psychiatric
 31 evaluation or treatment, and transportation for the provision of any case management services.
 32 CONTRACTOR shall possess the ability to provide or arrange for transportation of Clients to planned
 33 community activities or events. Clients shall be encouraged to utilize public transportation, carpools, or
 34 other means of transportation whenever possible.

35 7. Money Management/Representative Payee Support Services: CONTRACTOR shall
 36 designate a bonded Representative Payee to provide money management services to those Clients who
 37 have not been able to manage their finances independently. These clients include those that have

1 funding, but are not able to or willing to meet their basic needs without assistance. Money management
 2 will also include individual and/or group education regarding personal budgeting.

3 8. On-call Services: The program shall provide on-call coverage. Clinicians must be
 4 available twenty-four (24) hours per day, seven (7) days per week for intensive case management and
 5 crisis intervention for enrolled Clients. The on-call individual must be able to respond in person in a
 6 timely manner when indicated. CONTRACTOR shall ensure that all Clients are provided with the on-
 7 call phone number and know how to access the on-call services as needed.

8 9. Linkage to Financial Benefits/Entitlements: CONTRACTOR shall employ a Benefits
 9 Specialist to assist clients in accessing financial benefits and/or entitlements. The specialist shall be
 10 knowledgeable of entitlements, such as SSI/SSDI, Medi-Cal, Cal Fresh, and General Relief, and will
 11 work with clients to gather records, completed application process, and secure entitlements.

12 10. Housing Services: CONTRACTOR shall provide a continuum of housing and housing
 13 support to Full Service Partnership clients. This service category includes a comprehensive needs
 14 assessment, linkage, placement, and ongoing support to sustain and appropriate level of housing.
 15 CONTRACTOR shall prioritize obtaining appropriate housing for individuals immediately upon
 16 enrollment, and throughout the recovery process. CONTRACTOR shall arrange to accompany Clients
 17 to their housing placements to ensure that access is smooth and that the Client is secure in their
 18 placement and equipped with basic essentials, as well as to provide a warm handoff to the housing
 19 provider. All Housing options provided by a FSP must meet minimal requirements set by the
 20 COUNTY's MHSA Coordination Office and outlined in the Policy Manual for Adult and Older Adult
 21 FSP Programs. CONTRACTOR's staff shall include a Housing Specialist to provide housing services
 22 to all enrolled Clients. Housing services may include:

23 a. Emergency Housing – Immediate shelter for critical access for individuals who are
 24 homeless or have no other immediate housing options available. Emergency housing is a time-limited
 25 event and shall only be utilized until a more suitable housing arrangement can be secured. Emergency
 26 housing is part of the “Housing First” model continuum and is required during the initial assessment
 27 phase.

28 b. Motel Housing – For those who may be unwilling or are inappropriate for a shelter, or
 29 when no shelter is available, motel housing may be utilized. Motel housing is time-limited in nature and
 30 shall only be utilized as a last resort until a more appropriate housing arrangement can be secured. Pre-
 31 purchase of motel rooms shall be in accordance with CONTRACTOR's P&P, as identified in the
 32 Flexible Funds Paragraph of this Exhibit A-1.

33 c. Bridge Housing – For individuals who will benefit from an intermediate step between
 34 shelter and permanent housing. Bridge housing provides structures and programming in the context of
 35 housing such as Board and Care or Room and Board. CONTRACTORS may look into housing options
 36 such as master leasing.

37 //

1 d. Permanent Housing – Obtaining permanent housing is an overarching goal for all FSP
 2 members and requires residents to have their own unit or bedroom. Permanent housing includes but is
 3 not limited to Shelter Plus Care Vouchers, independently paid homes/apartments, and County based
 4 housing projects.

5 e. Residential Substance Use Treatment Programs and Sober Living Homes as a housing
 6 option shall be available when appropriate to provide the member the highest probability of success
 7 towards recovery.

8 11. Integration and Linkage to Primary Care: CONTRACTOR shall work to provide every
 9 client with a Nursing Assessment, and linkage to a Primary Care Provider to meet the ongoing medical
 10 needs of the Client. CONTRACTOR shall routinely coordinate care planning and treatment with the
 11 primary care physician through obtaining records and consultation. CONTRACTOR shall provide to
 12 the Primary Care Provider when indicated.

13 12. Peer-Run Center – CONTRACTOR shall operate a Peer-run Center. This center will be
 14 located at the program site and will provide an opportunity for Clients to develop organizational, social
 15 and leadership skills as they design a program that meets Client needs. All activities and groups offered
 16 are designed and run by Clients enrolled in CONTRACTOR’s FSP. CONTRACTOR shall establish a
 17 Peer Advisory Committee to provide client input into program development and quality improvement.

18 13. Group Services – CONTRACTOR shall offer a variety of groups based on Client interest
 19 and need and may include, but not be limited to: Relapse Prevention, Dual Recovery, AA/NA, Life
 20 Skills Building, and Speaker Meetings, etc.

21 14. Meaningful Community Roles – CONTRACTOR shall assist each member to identify
 22 some meaningful role in his/her life that is separate from the mental illness. Clients need to see
 23 themselves in “normal” roles such as employee, son, mother and neighbor to successfully integrate into
 24 the community. CONTRACTOR shall work with each member to join the larger community and
 25 interact with people who are unrelated to their mental illness.

26 15. Intensive Case Management Service – CONTRACTOR shall provide intensive case
 27 management which shall include a smaller caseload size, team management, an emphasis
 28 on outreach, and an assertive approach to maintaining contact with Clients. Daily contact is often
 29 indicated during the initial enrollment and engagement period.

30 16. Rehabilitation Services and Therapy - CONTRACTOR shall provide rehabilitation services
 31 to assist Clients to improve, maintain, or restore their functional skills such as daily living skills, social
 32 and leisure skills, grooming and personal hygiene skills, meal preparation skills, support resources,
 33 and/or medication education. Rehabilitation and therapy may be provided individually, in a group, or
 34 with family members.

35 17. Trauma-Informed Care: CONTRACTOR shall incorporate a trauma-informed care approach in
 36 the delivery of behavioral health services.

37 //

1 a. A trauma-informed approach includes an understanding of trauma and an awareness of
 2 the impact it can have across settings, services, and populations; it involves viewing trauma through an
 3 ecological and cultural lens and recognizing that context plays a significant role in how individuals
 4 perceive and process traumatic events; and it involves four key elements:

5 1) Realizes the widespread impact of trauma and understands potential paths for
 6 recovery;

7 2) Recognizes the signs and symptoms of trauma in clients, families, staff, and others
 8 involved with the system;

9 3) Responds by fully integrating knowledge about trauma into policies, procedures, and
 10 practices; and

11 4) Seeks to actively resist re-traumatization.

12 b. Trauma-informed care which refers to a strengths-based service delivery approach that
 13 is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes
 14 physical, psychological, and emotional safety for both providers and individuals served, and that creates
 15 opportunities for individuals served to rebuild a sense of control and empowerment. Trauma-informed
 16 care model is built on the following core values and principles:

17 1) Safe, calm and secure environment with supportive care

18 2) System wide understanding of trauma prevalence, impact, and trauma-informed care

19 3) Cultural competence

20 4) Consumer voice, choice and self-advocacy

21 5) Recovery, client-driven and trauma specific services

22 6) Healing, hopeful, honest and trusting relationships

23 c. CONTRACTOR shall plan for and employ strategies that reinforce a trauma-informed
 24 culture. This includes focusing on organizational activities that foster the development of a trauma-
 25 informed workforce, including recruiting, hiring, and retaining trauma-informed staff; providing training
 26 on evidence-based and emerging trauma-informed best practices; developing competencies specific to
 27 trauma-informed care; addressing ethical considerations; providing trauma-informed supervision; and
 28 preventing and treating secondary trauma.

29 E. PROGRAM REQUIREMENTS

30 1. Referrals will come primarily from CONTRACTOR's and COUNTY's outreach efforts.

31 2. CONTRACTOR shall coordinate with COUNTY, other providers, and community
 32 resources.

33 3. CONTRACTOR shall maintain ongoing collaboration with other stakeholders involved
 34 with individual Clients including family members and significant others, employers, and
 35 COUNTY departments and Agencies such as, but not limited to Courts, Probation Department, Parole
 36 and Social Services.

37 //

1 4. ADMINISTRATOR shall have monthly management meetings with CONTRACTOR who
 2 will report on program development, resources, housing, barriers, and budgets

3 5. CONTRACTOR shall provide culturally sensitive personal service coordination in English,
 4 Spanish, Vietnamese, Farsi, Arabic and Korean. CONTRACTOR shall work with the COUNTY or
 5 other interpreters for other languages as needed. Direct capacity to conduct culturally and linguistically
 6 appropriate engagement and to serve Clients in other Asian languages and ASL is highly desirable.

7 6. CONTRACTOR shall have a commitment to meeting the required response times for
 8 hospitals (twenty-four [24] hour response time), and other COUNTY institutions, e.g. jails or clinics
 9 (forty-eight [48] hours).

10 7. CONTRACTOR shall achieve, at minimum, a ten percent (10%), annual graduation rate for
 11 the program of the average census at end of year.

12 8. CONTRACTOR shall have an identified individual who shall:

13 a. Complete one hundred percent (100%) chart review of Client charts regarding clinical
 14 documentation and insuring all charts are in compliance with medical necessity and Medi-Cal chart
 15 compliance;

16 b. Provide clinic direction and training to PSCs on encounter documents and treatment
 17 plans;

18 c. Become a certified reviewer by the ADMINISTRATOR's Quality Improvement and
 19 Program Compliance unit within six months from the start of the Contract;

20 d. Oversee all aspects of the clinical services of the Recovery program;

21 e. Coordinate with in-house clinicians, medical director and/or nurse regarding Client
 22 treatment issues, professional consultations, or medication evaluations;

23 f. Review and approve all quarterly logs submitted to ADMINISTRATOR, i.e.,
 24 medication monitoring, second opinion and request for change of CONTRACTOR; and

25 g. Participate in program development and interact with other staff regarding difficult
 26 cases and psychiatric emergencies.

27 9. CONTRACTOR shall conduct Supervisory Reviews at a minimum of twice per week in
 28 accordance with procedures developed by ADMINISTRATOR. CONTRACTOR shall ensure that all
 29 chart documentation complies with all federal, state and local guidelines and standards.
 30 CONTRACTOR shall ensure that all chart documentation is completed within the appropriate timelines.

31 10. CONTRACTOR shall input all IRIS data following ADMINISTRATOR procedure and
 32 practice. All statistical data used to monitor CONTRACTOR shall be compiled using only IRIS reports,
 33 if available, and if applicable.

34 11. CONTRACTOR shall review Client charts ensuring compliance with
 35 ADMINISTRATOR's P&Ps and Medi-Cal documentation requirements.

36 12. CONTRACTOR shall ensure compliance with workload standards and productivity.

37 13. CONTRACTOR shall review and approve all admissions, discharges from the program and

1 extended stays in the program. Discharge of clients from the program shall be determined by the
 2 client's movement along the recovery continuum and shall be a coordinated effort between the
 3 ADMINISTRATOR and CONTRACTOR when indicated.

4 14. CONTRACTOR shall submit corrective action plans upon request.

5 15. CONTRACTOR shall comply with ADMINISTRATOR Guidelines and P&Ps.

6 16. CONTRACTOR shall provide a written copy of all assessments completed on Clients
 7 referred for admission.

8 F. CONTRACTOR shall utilize the COUNTY PBM to supply medications for unfunded Clients.

9 G. CONTRACTOR shall have active participation in State and regional MHSA forums and
 10 activities.

11 H. CONTRACTOR shall have ongoing collaboration with the Adult and Older Adult Performance
 12 Outcomes and Data Office on MHSA countywide projects, as well as individual performance outcome
 13 measures.

14 I. CONTRACTOR shall provide the NPP for the COUNTY, as the MHP, at the time of the first
 15 service provided under the Contract to individuals who are covered by Medi-Cal and have not
 16 previously received services at a COUNTY operated clinic. CONTRACTOR shall also provide, upon
 17 request, the NPP for the COUNTY, as the MHP, to any individual who received services under the
 18 Contract.

19 J. CONTRACTOR shall attend meetings as requested by COUNTY including but not limited to:

20 1. Case conferences, or other meetings, as requested by ADMINISTRATOR to address any
 21 aspect of clinical care.

22 2. Monthly COUNTY management meetings with ADMINISTRATOR to discuss contractual
 23 and other issues related to, but not limited to whether it is or is not progressing satisfactorily in
 24 achieving all the terms of the Contract, and if not, what steps will be taken to achieve satisfactory
 25 progress, compliance with P&P's, review of statistics and clinical services;

26 3. Clinical staff training for individuals conducted by CONTRACTOR and/or COUNTY
 27 administrative staff.

28 4. Collaborative meetings to address various aspects of client care including but not limited to:
 29 housing specialist meetings, vocational/educational specialist meetings, data meetings, etc.

30 K. CONTRACTOR shall develop all requested and required program specific P&Ps, and provide
 31 to ADMINISTRATOR for review, input, and approval prior to training staff on said P&Ps and prior to
 32 accepting any Client admissions to the program. All P&Ps and program guidelines will be reviewed bi-
 33 annually at a minimum for updates. Policies will include but not be limited to the following:

34 1. Admission Criteria and Admission Procedure

35 2. Assessments and Individual Service Plans

36 3. Crisis Intervention/Evaluation for Involuntary Holds

37 4. Handling Non-Compliant Clients/Unplanned Discharges

- 1 5. Medication Management and Medication Monitoring
- 2 6. Community Integration/Case Management/Discharge Planning
- 3 7. Documentation Standards
- 4 8. Quality Management/Performance Outcomes
- 5 9. Personnel/In-service Training
- 6 10. Unusual Occurrence Reporting
- 7 11. Code of Conduct/Compliance/HIPAA standards and Compliance
- 8 12. Mandated Reporting

9 L. CONTRACTOR shall provide initial and on-going training and staff development that includes
 10 but is not limited to the following:

- 11 1. Orientation to the program's goals, P&Ps
- 12 2. Training on subjects as required by state regulations
- 13 3. Recovery philosophy, Client empowerment and strength-based services
- 14 4. Crisis intervention and de-escalation
- 15 5. Co-occurring mental illness and substance abuse and dependence
- 16 6. Motivational interviewing
- 17 7. EBPs that support recovery
- 18 8. Outreach and engagement
- 19 9. Trauma-informed care
- 20 10. Professional boundaries
- 21 11. Cultural Competency
- 22 12. Critical Time Intervention
- 23 13. Housing First
- 24 14. Other clinical staff training

25 M. CONTRACTOR shall provide effective Administrative management of the budget, staffing,
 26 recording, and reporting portion of the Contract with the COUNTY, including but not limited to the
 27 following. If administrative responsibilities are delegated to subcontractors, the Contractor must ensure
 28 that any subcontractor(s) possesses the qualifications and capacity to perform all delegated
 29 responsibilities.

- 30 1. Designate the responsible position(s) in your organization for managing the funds allocated
 31 to this program;
- 32 2. Maximize the use of the allocated funds;
- 33 3. Ensure timely and accurate reporting of monthly expenditures;
- 34 4. Maintain appropriate staffing levels;
- 35 5. Request budget and/or staffing modifications to the Contract;
- 36 6. Effectively communicate and monitor the program for its success;
- 37 7. Track and report expenditures electronically;

1 8. Maintain electronic and telephone communication between key staff and
 2 ADMINISTRATOR; and

3 9. Act quickly to identify and solve problems.

4 N. CONTRACTOR shall ensure that all chart documentation complies with all federal, state and
 5 local guidelines and standards. CONTRACTOR shall ensure that all chart documentation is completed
 6 within the appropriate timelines.

7 O. CONTRACTOR shall establish a written smoking policy, which shall be reviewed and
 8 approved by ADMINISTRATOR that specifies designated areas as the only areas where smoking is
 9 permitted.

10 P. CONTRACTOR shall establish a good neighbor policy, which shall be reviewed and approved
 11 by ADMINSTRATOR. The policy shall include, but not limited to, staff training to deal with neighbor
 12 complaints and staff contact information available to neighboring residents.

13 Q. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to
 14 conduct research activity on COUNTY Clients without obtaining prior written authorization from
 15 ADMINISTRATOR.

16 R. CONTRACTOR shall not conduct any proselytizing activities, regardless of funding sources,
 17 with respect to any individual(s) who have been referred to CONTRACTOR by COUNTY under the
 18 terms of the Contract. Further, CONTRACTOR agrees that the funds provided hereunder will not be
 19 used to promote, directly or indirectly, any religion, religious creed or cult, denomination or sectarian
 20 institution, or religious belief.

21 S. PERFORMANCE OUTCOMES - CONTRACTOR shall be required to achieve Performance
 22 Outcome Objectives and track and report Performance Outcome Objective statistics in monthly
 23 programmatic reports, as outlined below.

24 1. CONTRACTOR shall track and monitor the number of Clients receiving services (mental
 25 health services, intensive case management, housing, and vocational) through number of Clients
 26 admitted and engaged into services.

27 2. CONTRACTOR shall track the number of days Clients are hospitalized and make every
 28 effort to reduce them through services provided in the Contract.

29 3. CONTRACTOR shall track the number of days Clients are incarcerated and make every
 30 effort to reduce them through services provided in the Contract.

31 4. CONTRACTOR shall track the number of days Clients are homeless and living on the
 32 streets and make every effort to reduce them through services provided in the Contract.

33 5. CONTRACTOR shall track the number of Clients gainfully employed and make every
 34 effort to increase them through services provided in the Contract.

35 6. CONTRACTOR shall track the number of days Clients are receiving emergency
 36 interventions and make every effort to reduce them through services provided in the Contract.

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1 7. CONTRACTOR shall track the number of days Clients are arrested and make every effort
 2 to reduce them through services provided in the Contract.

3 8. CONTRACTOR shall track the number of days Clients are placed in independent living
 4 and make every effort to increase them through services provided in the Contract. 9.

5 Listed above in this section are the outcome measures by which the effectiveness of your program
 6 will be evaluated. It is the responsibility of the provider to educate themselves with best practices and
 7 those associated with attainment of higher levels of Recovery.

8 10. CONTRACTOR shall track the number of Clients at various stages on the MORS.

9 11. CONTRACTOR shall track the number of Clients who reach their employment goals and
 10 are successfully discharged to a lower level of care.

11 12. CONTRACTOR shall develop, in conjunction with County, additional ongoing
 12 performance measures/outcomes or program's target goals as required

13 T. CLIENT DEMOGRAPHICS AND OTHER STATISTICS – CONTRACTOR shall track and
 14 report on Client demographics and other statistics including but not limited to:

15 1. The total number of Clients referred to, and enrolled in Services.

16 2. The total number of duplicated and unduplicated Clients served, and the number of contacts
 17 provided to each Client.

18 3. The total number and type of services provided and the length of stay for each Client in the
 19 program.

20 4. The total number of successful Client linkages to recommended services.

21 5. The total number of Clients placed in temporary housing environments.

22 6. The total number of groups provided per week and how many Clients attended each group.

23 7. The total number of activities provided on and off site for the month as well as number of
 24 Clients who attended.

25 U. DATA CERTIFICATION – CONTRACTOR shall certify the accuracy of their outcome data.
 26 Outcome data entered into an approved data collection system that is submitted to the COUNTY
 27 detailing the PAF, 3M's, KET data and complete Client database must be certified with the submission
 28 of their monthly data. Submissions shall be uploaded to an approved File Transfer Protocol site and
 29 include four (4) files. The first shall be a copy of current database; the following three shall be XML
 30 formatted files for submission to the State DCR.

31 1. DATA - Should CONTRACTOR's current database copy cannot be submitted via
 32 Microsoft Access file format, the data must be made available in an HCA approved database file type.
 33 The data collection system used must be approved by ADMINISTRATOR in order to meet county
 34 reporting needs. CONTRACTOR must also provide a separate file comprised of required data elements
 35 that are provided by COUNTY. If CONTRACTOR's system is web-based, CONTRACTOR shall allow
 36 ADMINISTRATOR accessibility for monitoring and reporting (access shall allow accessibility to view,
 37 run, print, and export Client records/reports).

1 a. CONTRACTOR shall track and report Performance Outcome Measure as required by
 2 State, COUNTY, and/or MHSA

3 b. CONTRACTOR shall collaborate with the Adult Performance Outcome Department
 4 (APOD) to complete outcome requests by Administrator for State, COUNTY, and/or MHSA reporting,
 5 and to fulfill all data requests as needed by COUNTY's independent evaluator to conduct their
 6 independent evaluation to assess overall program effectiveness for COUNTY and/or DHCS reporting.

7 c. CONTRACTOR shall cooperate in data collection as required by ADMINISTRATOR
 8 to report on other performance areas including, but not limited to, Client satisfaction, length of stay, and
 9 duration of services.

10 2. TRANSFER UTILITY - CONTRACTOR shall ensure that the data collection system has
 11 the ability to export data and import data from other data systems used by existing FSP
 12 CONTRACTORS to allow for Client transfers. Data must include PAF, 3M's and KET's.

13 a. CONTRACTOR shall coordinate with APOD and the FSP Coordination Office for
 14 transfers between FSPs and adhere to COUNTY's transfer guidelines to ensure compliance with MHSA
 15 requirements.

16 V. DATA CERTIFICATION - POLICIES AND PROCEDURES AND DATA COLLECTION

17 1. CONTRACTOR shall develop a P&P, or revise the existing P&P, regarding Data
 18 Certification and submit to ADMINISTRATOR no later than twenty (20) calendar days from the start of
 19 the Contract.

20 2. ADMINISTRATOR and CONTRACTOR shall finalize and approve the P&P, in writing,
 21 no later than thirty (30) calendar days from the start of the Contract. If the Data Certification P&P has
 22 not been approved after thirty (30) days from the start of the Contract, the Certification of Accuracy of
 23 Data form cannot be submitted to, or accepted by ADMINISTRATOR, and CONTRACTOR may be
 24 deemed out of compliance with the terms and conditions of the Contract.

25 3. CONTRACTOR shall ensure that all staff is trained and has a clear understanding of the
 26 Data Certification P&P. CONTRACTOR will provide signature confirmation of the Data Certification
 27 P&P training for each staff member that utilizes enters, reviews, or analyzes the data.

28 4. CONTRACTOR shall have an identified individual who shall:

29 a. Review the approved data collection database for accuracy and to ensure that each field
 30 is completed;

31 b. Develop processes to ensure that all required data forms are completed and updated
 32 when appropriate;

33 c. Review the approved data collection system reports to identify trends, gaps and quality
 34 of care;

35 d. Submit monthly approved data collection system reports to ADMINISTRATOR by the
 36 tenth (10th) of every month for review and return within two (2) weeks with identified corrections; and

37 //

1 e. Submit quarterly data to ADMINISTRATOR with verification that outcome data is
 2 correct.

3 f. CONTRACTOR will be responsible for ensuring monthly evaluation of Clients using
 4 MORS and entering the MORS data into approved data collection system. The rating for each
 5 individual member will be entered under the clinical assessment tools. It is expected that the rating for
 6 each member will be part of the review done by Program Directors prior to signing the Data
 7 Certification Form each month.

8 W. CONTRACTOR shall provide the appropriate written Notice of Adverse Benefit Determination
 9 (NOABD) to notify Medi-Cal Beneficiaries and ADMINISTRATOR when services are denied, reduced,
 10 or terminated as specified by State Medi-Cal standards. CONTRACTOR shall review these standards to
 11 determine the appropriate timeline for disenrollment of services. The NOABD must provide the adverse
 12 benefit determination made by the CONTRACTOR as well as a clear and concise explanation of the
 13 reason(s) for the decision within the timeframe specified. CONTRACTOR shall provide appropriate
 14 NOABD as determined by state standards. Examples include but are not limited to:

15 1. Termination NOABD: If a beneficiary drops out of treatment, is missing, or admitted to an
 16 institution where he or she is ineligible for further services (e.g. long term incarceration or
 17 hospitalization).

18 2. Delivery Systems NOABD: If a beneficiary does not meet medical necessity criteria for
 19 specialty mental health services, CONTRACTOR shall provide a Delivery Systems NOABD and offer
 20 referrals to the appropriate services.

21 X. CONTRACTOR shall complete the Grievance or Appeal form along with the Grievance
 22 Tracking Form and send it to Authority and Quality Improvement Services (AQIS) for investigation to
 23 address a beneficiary's expressed dissatisfaction with services. This dissatisfaction, defined as a
 24 grievance, may include but is not limited to: quality of care or services provided, aspects of
 25 interpersonal relationships, failure to respect the beneficiary's rights, location of services,
 26 access/availability, or anything else related to the provision of services.

27 Y. CONTRACTOR shall train staff to utilize the COUNTY's Access Log as the first point of
 28 contact for clients attempting to access Specialty Mental Health Services. CONTRACTOR shall
 29 complete the Access Log accurately and as required, including information such as Type of Contact,
 30 Outcome of Contact, and instances where Clients are in need of Crisis Services.

31 Z. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
 32 Services Paragraph of this Exhibit A-1 to the Contract.

33 . STAFFING

34 A. CONTRACTOR shall include bilingual/bicultural services to meet the needs of threshold
 35 languages as determined by COUNTY. Whenever possible, bilingual/bicultural staff should be retained.
 36 Any clinical vacancies occurring at a time when bilingual and bicultural composition of the clinical
 37 services are affected shall be filled as soon as possible.

1 staffing does not meet the above requirement must be filled with bilingual and bicultural staff unless
 2 ADMINISTRATOR consents, in writing, to the filling of those positions with non-bilingual staff.
 3 Salary savings resulting from such vacant positions may not be used to cover costs other than salaries
 4 and employees benefits unless otherwise authorized in writing, in advance, by ADMINISTRATOR.
 5 CONTRACTOR shall draw upon cultural strengths and utilize service delivery and assistance in a
 6 manner that is trusted by, and familiar to, many of COUNTY's ethnically and culturally diverse
 7 populations. Cultural and linguistic appropriateness shall be a continuous focus in the development of
 8 the programming, recruitment, and hiring of staff that speak the same language and have the same
 9 cultural background of the Clients to be serviced. This inclusion of COUNTY's multiple cultures will
 10 assist in maximizing access to services. ADMINISTRATOR shall provide, or cause to be provided,
 11 education and training to staff to address cultural and linguistic needs of population served.

12 B. CONTRACTOR shall make its best effort to provide services pursuant to the Contract in a
 13 manner that is culturally and linguistically appropriate for the population(s) served. CONTRACTOR
 14 shall maintain documents of such efforts which may include; but not be limited to: records of
 15 participation in COUNTY-sponsored or other applicable training; recruitment and hiring P&Ps; copies
 16 of literature in multiple languages and formats, as appropriate; and descriptions of measures taken to
 17 enhance accessibility for, and sensitivity to, individuals who are physically challenged.

18 //

19 C. CONTRACTOR shall notify ADMINISTRATOR, in writing, within seventy-two (72) hours, of
 20 any staffing vacancies or filling of vacant positions that occur during the term of the Contract.

21 D. CONTRACTOR shall notify ADMINISTRATOR, in writing, at least seven (7) days in
 22 advance, of any new staffing changes; including promotions, temporary FTE changes and internal or
 23 external temporary staffing assignment requests that occur during the term of the Contract.

24 E. CONTRACTOR shall ensure that all staff, including interns and volunteers, are trained and
 25 have a clear understanding of all P&Ps. CONTRACTOR shall provide signature confirmation of the
 26 P&P training for each staff member and place in their personnel files.

27 F. CONTRACTOR shall ensure that all staff complete the COUNTY's Annual Provider Training,
 28 Annual Compliance Training, and Annual Cultural Competency Training.

29 G. CONTRACTOR shall ensure compliance with ADMINISTRATOR Standards of Care
 30 practices, P&Ps, documentation standards and any state regulatory requirements.

31 H. COUNTY shall provide, or cause to be provided, training and ongoing consultation to
 32 CONTRACTOR's staff to assist CONTRACTOR in ensuring compliance with ADMINISTRATOR
 33 Standards of Care practices, P&P's, documentation standards and any state regulatory requirements.

34 I. All CONTRACTOR staff must have an initial Department of Justice live scan prior to hire, and
 35 updated annual criminal checks through the internet, utilizing Megan's Law, Orange County Sheriff's,
 36 and Orange County Superior Courts. Staff may be hired temporarily pending live scan results as long as
 37 all the internet checks have been completed and are acceptable.

1 J. CONTRACTOR shall provide trainings to staff on professional boundaries and include topics
 2 such as: appropriate communication and interactions and the use of self-disclosures.

3 K. All HIPAA covered healthcare providers, individuals and organizations must obtain a NPI for
 4 use to identify themselves in HIPAA standard transactions. The NPI is assigned for life.

5 L. CONTRACTOR, including each employee that provides services under the Contract, will
 6 obtain a NPI upon commencement of the Contract or prior to providing services under the Contract.
 7 CONTRACTOR shall report to ADMINISTRATOR, on a form approved or supplied by
 8 ADMINISTRATOR, all NPI as soon as they are available.

9 M. CONTRACTOR shall, at a minimum, provide the following staffing pattern expressed in FTEs
 10 continuously throughout the term of the Contract. One (1) FTE will be equal to an average of forty (40)
 11 hours of work per week.

12 //

<u>DIRECT PROGRAM</u>	<u>FTEs</u>
<u>Regional Director of Operations</u>	<u>0.15</u>
<u>Program Administrator</u>	<u>1.00</u>
<u>Clinical Director</u>	<u>1.00</u>
<u>Driver</u>	<u>1.00</u>
<u>Office Coordinator</u>	<u>1.00</u>
<u>Data Mining and Analysis Specialist</u>	<u>1.00</u>
<u>Regional IT Support Analyst</u>	<u>0.08</u>
<u>Regional IS Business Manager</u>	<u>0.07</u>
<u>Billing Specialist</u>	<u>2.00</u>
<u>Office Coordinator I</u>	<u>1.00</u>
<u>HR Generalist</u>	<u>0.17</u>
<u>Medical Records/Tech</u>	<u>1.00</u>
<u>Quality Coordinator/Trainer</u>	<u>1.00</u>
<u>Peer Support Specialist</u>	<u>1.00</u>
<u>Team Leader</u>	<u>3.00</u>
<u>Case Manager II</u>	<u>13.50</u>
<u>Case Manager II – Housing Specialist</u>	<u>1.00</u>
<u>Case Manager II – WRC</u>	<u>1.00</u>
<u>Case Manager II – AOT Outreach</u>	<u>2.00</u>
<u>Case Manager II – Fullerton Heights</u>	<u>1.00</u>
<u>Residential Coordinator</u>	<u>1.00</u>
<u>Clinician</u>	<u>2.00</u>
<u>Education/Employment Specialist</u>	<u>1.00</u>
<u>LVN/LPT (Supervisor)</u>	<u>1.00</u>

1	<u>LVN/LPT</u>	<u>2.25</u>
2	<u>Nurse Practitioner</u>	<u>0.40</u>
3	<u>Psychiatrist (Subcontractor)</u>	<u>0.75</u>
4	<u>Psychiatrist/NP (Subcontractor)</u>	<u>0.60</u>
5	<u>TOTAL DIRECT PROGRAM FTEs</u>	<u>41.97</u>

6

7 N. WORKLOAD STANDARDS

8 1. One (1) DSH will be equal to sixty (60) minutes of direct service.

9 2. CONTRACTOR shall provide an average of one hundred (100) DSHs per month or one
 10 thousand two hundred (1,200) DSHs per year per FTE of direct clinician time which shall include
 11 Mental Health, Case Management, Crisis Intervention, and Medication Management Services.
 12 CONTRACTOR understands and agrees that this is a minimum standard and shall make every effort to
 13 exceed this minimum, unless otherwise approved by ADMINISTRATOR.

14 3. CONTRACTOR shall, during the term of the Contract, provide a minimum of thirty
 15 thousand two hundred and eighty-eight (30,288) DSH, with a minimum of two thousand one hundred
 16 (2,100) hours of medication support services and twenty-eight thousand one hundred and eighty-eight
 17 (28,188) hours of other mental health, case management and/or crisis intervention services as outlined
 18 below. CONTRACTOR shall monitor staff productivity and establish expectations, in consultation with
 19 COUNTY, in order to maximize the utilization of services and demonstrate efficient and effective
 20 management of program staff and resources.

21 4. CONTRACTOR shall maintain an active and ongoing caseload of two hundred and thirty-
 22 five (235) Clients throughout the term of the Contract.

23 O. CONTRACTOR shall ensure staffing levels and qualifications shall meet the requirements as
 24 stated in CCR: Title 9 - Rehabilitative and Developmental Services, Division 1 - DHCS.

25 P. CONTRACTOR shall recruit, hire, train, and maintain staff who are individuals in Recovery.
 26 These individuals shall not be currently receiving services directly from CONTRACTOR.
 27 Documentation may include, but not be limited to, the following: records attesting to efforts made in
 28 recruitment and hiring practices and identification of measures taken to enhance accessibility for
 29 potential staff in these categories.

30 Q. All clinical staff shall be qualified and designated by COUNTY to perform evaluations pursuant
 31 to Section 5150, WIC.

32 R. CONTRACTOR may augment paid staff with volunteers or interns upon written approval of
 33 ADMINISTRATOR.

34 1. CONTRACTOR shall provide clinical supervision for all registered/waivered employees,
 35 interns and volunteers as required by the respective governing licensing board such as the Board of
 36 Behavioral Sciences (BBS). Per the BBS, a least one unit of supervision is required for the first 10 hours
 37 of psychotherapy/counseling in any week; one (1) additional unit of supervision is required for 10+

1 hours of psychotherapy/counseling in a given week; after required hours have been accrued, staff must
 2 continue to receive required supervision until a license is issued. Clinical supervision shall be provided
 3 by a qualified Licensed Mental Health Professionals (LMHP) within the same legal entity and be
 4 documented for all registered/waivered employees, interns and volunteers.

5 2. An intern is an individual enrolled in an accredited graduate program accumulating
 6 clinically supervised work experience hours as part of field work, internship, or practicum requirements.
 7 Acceptable graduate programs include all programs that assist the student in meeting the educational
 8 requirements in becoming a MFT, a LCSW, LPCC, or a licensed Clinical Psychologist.

9 3. Volunteer and student intern services shall not comprise more than twenty percent (20%) of
 10 total services provided.

11 S. CONTRACTOR shall maintain personnel files for each staff member, including management
 12 and other administrative positions, which will include, but not be limited to, an application for
 13 employment, qualifications for the position, documentation of bicultural/bilingual capabilities (if
 14 applicable), pay rate and evaluations justifying pay increases.

15 T. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of all
 16 P&P. CONTRACTOR shall provide signature confirmation of the P&P training for each staff member
 17 and place in their personnel files.

18 U. TOKENS – ADMINISTRATOR shall provide CONTRACTOR the necessary number of
 19 Tokens for appropriate individual staff to access HCA IRIS at no cost to the CONTRACTOR.

20 1. CONTRACTOR recognizes Tokens are assigned to a specific individual staff member with
 21 a unique password. Tokens and passwords will not be shared with anyone.

22 2. CONTRACTOR shall maintain an inventory of the Tokens, by serial number and the staff
 23 member to whom each is assigned.

24 3. CONTRACTOR shall indicate in the monthly staffing report, the serial number of the
 25 Token for each staff member assigned a Token.

26 4. CONTRACTOR shall return to ADMINISTRATOR all Tokens under the following
 27 conditions:

28 a. Each staff member who no longer supports the Contract;

29 b. Each staff member who no longer requires access to IRIS;

30 c. Each staff member who leaves employment of CONTRACTOR; or

31 d. Token is malfunctioning;

32 e. Termination of this Contract.

33 5. ADMINISTRATOR shall issue Tokens for CONTRACTOR's staff members who require
 34 access to the IRIS upon initial training or as a replacement for malfunctioning Tokens.

35 6. CONTRACTOR shall reimburse the COUNTY for Tokens lost, stolen, or damaged through
 36 acts of negligence.

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1 V. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
2 Staffing Paragraph of this Exhibit A-1 to the Contract.

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1 EXHIBIT B
 2 TO THE AGREEMENT FOR PROVISION OF
 3 GENERAL POPULATION FULL SERVICE PARTNERSHIP SERVICES
 4 BETWEEN
 5 COUNTY OF ORANGE
 6 AND
 7 TELECARE CORPORATION
 8 JULY 1, 2017 THROUGH JUNE 30, 2020
 9

10 **I. BUSINESS ASSOCIATE CONTRACT**

11 **A. GENERAL PROVISIONS AND RECITALS**

12 1. The parties agree that the terms used, but not otherwise defined in the Common Terms and
 13 Definitions Paragraph of Exhibit A to the Agreement or in Subparagraph B below, shall have the same
 14 meaning given to such terms under HIPAA, the HITECH Act, and their implementing regulations at 45
 15 CFR Parts 160 and 164 (“the HIPAA regulations”) as they may exist now or be hereafter amended.

16 2. The parties agree that a business associate relationship under HIPAA, the HITECH Act,
 17 and the HIPAA regulations between the CONTRACTOR and COUNTY arises to the extent that
 18 CONTRACTOR performs, or delegates to subcontractors to perform, functions or activities on behalf of
 19 COUNTY pursuant to, and as set forth in, the Agreement that are described in the definition of
 20 “Business Associate” in 45 CFR § 160.103.

21 3. The COUNTY wishes to disclose to CONTRACTOR certain information pursuant to the
 22 terms of the Agreement, some of which may constitute PHI, as defined below in Subparagraph B.10, to
 23 be used or disclosed in the course of providing services and activities pursuant to, and as set forth, in the
 24 Agreement.

25 4. The parties intend to protect the privacy and provide for the security of PHI that may be
 26 created, received, maintained, transmitted, used, or disclosed pursuant to the Agreement in compliance
 27 with the applicable standards, implementation specifications, and requirements of HIPAA, the HITECH
 28 Act, and the HIPAA regulations as they may exist now or be hereafter amended.

29 5. The parties understand and acknowledge that HIPAA, the HITECH Act, and the HIPAA
 30 regulations do not pre-empt any state statutes, rules, or regulations that are not otherwise pre-empted by
 31 other Federal law(s) and impose more stringent requirements with respect to privacy of PHI.

32 6. The parties understand that the HIPAA Privacy and Security rules, as defined below in
 33 Subparagraphs B.9 and B.14, apply to the CONTRACTOR in the same manner as they apply to the
 34 covered entity (COUNTY). CONTRACTOR agrees therefore to be in compliance at all times with the
 35 terms of this Business Associate Contract and the applicable standards, implementation specifications,
 36 and requirements of the Privacy and the Security rules, as they may exist now or be hereafter amended,
 37 //

1 with respect to PHI and ePHI created, received, maintained, transmitted, used, or disclosed pursuant to
2 the Agreement.

3 B. DEFINITIONS

4 1. "Administrative Safeguards" are administrative actions, and P&Ps, to manage the selection,
5 development, implementation, and maintenance of security measures to protect ePHI and to manage the
6 conduct of CONTRACTOR's workforce in relation to the protection of that information.

7 2. "Breach" means the acquisition, access, use, or disclosure of PHI in a manner not permitted
8 under the HIPAA Privacy Rule which compromises the security or privacy of the PHI.

9 a. Breach excludes:

10 1) Any unintentional acquisition, access, or use of PHI by a workforce member or
11 person acting under the authority of CONTRACTOR or COUNTY, if such acquisition, access, or use
12 was made in good faith and within the scope of authority and does not result in further use or disclosure
13 in a manner not permitted under the Privacy Rule.

14 2) Any inadvertent disclosure by a person who is authorized to access PHI at
15 CONTRACTOR to another person authorized to access PHI at the CONTRACTOR, or organized health
16 care arrangement in which COUNTY participates, and the information received as a result of such
17 disclosure is not further used or disclosed in a manner not permitted under the HIPAA Privacy Rule.

18 3) A disclosure of PHI where CONTRACTOR or COUNTY has a good faith belief
19 that an unauthorized person to whom the disclosure was made would not reasonably have been able to
20 retain such information.

21 b. Except as provided in Subparagraph a. of this definition, an acquisition, access, use, or
22 disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule is presumed to be a breach
23 unless CONTRACTOR demonstrates that there is a low probability that the PHI has been compromised
24 based on a risk assessment of at least the following factors:

25 1) The nature and extent of the PHI involved, including the types of identifiers and the
26 likelihood of re-identification;

27 2) The unauthorized person who used the PHI or to whom the disclosure was made;

28 3) Whether the PHI was actually acquired or viewed; and

29 4) The extent to which the risk to the PHI has been mitigated.

30 3. "Data Aggregation" shall have the meaning given to such term under the HIPAA Privacy
31 Rule in 45 CFR § 164.501.

32 4. "DRS" shall have the meaning given to such term under the HIPAA Privacy Rule in 45
33 CFR § 164.501.

34 5. "Disclosure" shall have the meaning given to such term under the HIPAA regulations in 45
35 CFR § 160.103.

36 6. "Health Care Operations" shall have the meaning given to such term under the HIPAA
37 Privacy Rule in 45 CFR § 164.501.

1 7. "Individual" shall have the meaning given to such term under the HIPAA Privacy Rule in
2 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance
3 with 45 CFR § 164.502(g).

4 8. "Physical Safeguards" are physical measures, policies, and procedures to protect
5 CONTRACTOR's electronic information systems and related buildings and equipment, from natural
6 and environmental hazards, and unauthorized intrusion.

7 9. "The HIPAA Privacy Rule" shall mean the Standards for Privacy of Individually
8 Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

9 10. "PHI" shall have the meaning given to such term under the HIPAA regulations in 45 CFR §
10 160.103.

11 11. "Required by Law" shall have the meaning given to such term under the HIPAA Privacy
12 Rule in 45 CFR § 164.103.

13 12. "Secretary" shall mean the Secretary of the Department of HHS or his or her designee.

14 13. "Security Incident" means attempted or successful unauthorized access, use, disclosure,
15 modification, or destruction of information or interference with system operations in an information
16 system. "Security incident" does not include trivial incidents that occur on a daily basis, such as scans,
17 "pings", or unsuccessful attempts to penetrate computer networks or servers maintained by
18 CONTRACTOR.

19 14. "The HIPAA Security Rule" shall mean the Security Standards for the Protection of ePHI at
20 45 CFR Part 160, Part 162, and Part 164, Subparts A and C.

21 15. "Subcontractor" shall have the meaning given to such term under the HIPAA regulations in
22 45 CFR § 160.103.

23 16. "Technical safeguards" means the technology and the P&Ps for its use that protect ePHI
24 and control access to it.

25 17. "Unsecured PHI" or "PHI that is unsecured" means PHI that is not rendered unusable,
26 unreadable, or indecipherable to unauthorized individuals through the use of a technology or
27 methodology specified by the Secretary of HHS in the guidance issued on the HHS Web site.

28 18. "Use" shall have the meaning given to such term under the HIPAA regulations in 45 CFR §
29 160.103.

30 C. OBLIGATIONS AND ACTIVITIES OF CONTRACTOR AS BUSINESS ASSOCIATE

31 1. CONTRACTOR agrees not to use or further disclose PHI COUNTY discloses to
32 CONTRACTOR other than as permitted or required by this Business Associate Contract or as required
33 by law.

34 2. CONTRACTOR agrees to use appropriate safeguards, as provided for in this Business
35 Associate Contract and the Agreement, to prevent use or disclosure of PHI COUNTY discloses to
36 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
37 other than as provided for by this Business Associate Contract.

1 3. CONTRACTOR agrees to comply with the HIPAA Security Rule at Subpart C of 45 CFR
2 Part 164 with respect to ePHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates,
3 receives, maintains, or transmits on behalf of COUNTY.

4 4. CONTRACTOR agrees to mitigate, to the extent practicable, any harmful effect that is
5 known to CONTRACTOR of a Use or Disclosure of PHI by CONTRACTOR in violation of the
6 requirements of this Business Associate Contract.

7 5. CONTRACTOR agrees to report to COUNTY immediately any Use or Disclosure of PHI
8 not provided for by this Business Associate Contract of which CONTRACTOR becomes aware.
9 CONTRACTOR must report Breaches of Unsecured PHI in accordance with Subparagraph E below and
10 as required by 45 CFR § 164.410.

11 6. CONTRACTOR agrees to ensure that any Subcontractors that create, receive, maintain, or
12 transmit PHI on behalf of CONTRACTOR agree to the same restrictions and conditions that apply
13 through this Business Associate Contract to CONTRACTOR with respect to such information.

14 7. CONTRACTOR agrees to provide access, within fifteen (15) calendar days of receipt of a
15 written request by COUNTY, to PHI in a DRS, to COUNTY or, as directed by COUNTY, to an
16 Individual in order to meet the requirements under 45 CFR § 164.524. If CONTRACTOR maintains an
17 EHR with PHI, and an individual requests a copy of such information in an electronic format,
18 CONTRACTOR shall provide such information in an electronic format.

19 8. CONTRACTOR agrees to make any amendment(s) to PHI in a DRS that COUNTY directs
20 or agrees to pursuant to 45 CFR § 164.526 at the request of COUNTY or an Individual, within thirty
21 (30) calendar days of receipt of said request by COUNTY. CONTRACTOR agrees to notify COUNTY
22 in writing no later than ten (10) calendar days after said amendment is completed.

23 9. CONTRACTOR agrees to make internal practices, books, and records, including P&Ps,
24 relating to the use and disclosure of PHI received from, or created or received by CONTRACTOR on
25 behalf of COUNTY available to COUNTY and the Secretary in a time and manner as determined by
26 COUNTY or as designated by the Secretary for purposes of the Secretary determining COUNTY's
27 compliance with the HIPAA Privacy Rule.

28 10. CONTRACTOR agrees to document any Disclosures of PHI COUNTY discloses to
29 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY,
30 and to make information related to such Disclosures available as would be required for COUNTY to
31 respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45
32 CFR § 164.528.

33 11. CONTRACTOR agrees to provide COUNTY or an Individual, as directed by COUNTY, in
34 a time and manner to be determined by COUNTY, that information collected in accordance with the
35 Agreement, in order to permit COUNTY to respond to a request by an Individual for an accounting of
36 Disclosures of PHI in accordance with 45 CFR § 164.528.

37 //

1 12. CONTRACTOR agrees that to the extent CONTRACTOR carries out COUNTY's
2 obligation under the HIPAA Privacy and/or Security rules CONTRACTOR will comply with the
3 requirements of 45 CFR Part 164 that apply to COUNTY in the performance of such obligation.

4 13. If CONTRACTOR receives Social Security data from COUNTY provided to COUNTY by
5 a state agency, upon request by COUNTY, CONTRACTOR shall provide COUNTY with a list of all
6 employees, subcontractors, and agents who have access to the Social Security data, including
7 employees, agents, subcontractors, and agents of its subcontractors.

8 14. CONTRACTOR will notify COUNTY if CONTRACTOR is named as a defendant in a
9 criminal proceeding for a violation of HIPAA. COUNTY may terminate the Agreement, if
10 CONTRACTOR is found guilty of a criminal violation in connection with HIPAA. COUNTY may
11 terminate the Agreement, if a finding or stipulation that CONTRACTOR has violated any standard or
12 requirement of the privacy or security provisions of HIPAA, or other security or privacy laws are made
13 in any administrative or civil proceeding in which CONTRACTOR is a party or has been joined.
14 COUNTY will consider the nature and seriousness of the violation in deciding whether or not to
15 terminate the Agreement.

16 15. CONTRACTOR shall make itself and any subcontractors, employees or agents assisting
17 CONTRACTOR in the performance of its obligations under the Agreement, available to COUNTY at
18 no cost to COUNTY to testify as witnesses, or otherwise, in the event of litigation or administrative
19 proceedings being commenced against COUNTY, its directors, officers or employees based upon
20 claimed violation of HIPAA, the HIPAA regulations or other laws relating to security and privacy,
21 which involves inactions or actions by CONTRACTOR, except where CONTRACTOR or its
22 subcontractor, employee, or agent is a named adverse party.

23 16. The Parties acknowledge that federal and state laws relating to electronic data security and
24 privacy are rapidly evolving and that amendment of this Business Associate Contract may be required to
25 provide for procedures to ensure compliance with such developments. The Parties specifically agree to
26 take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH
27 Act, the HIPAA regulations and other applicable laws relating to the security or privacy of PHI. Upon
28 COUNTY's request, CONTRACTOR agrees to promptly enter into negotiations with COUNTY
29 concerning an amendment to this Business Associate Contract embodying written assurances consistent
30 with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other
31 applicable laws. COUNTY may terminate the Agreement upon thirty (30) days written notice in the
32 event:

33 a. CONTRACTOR does not promptly enter into negotiations to amend this Business
34 Associate Contract when requested by COUNTY pursuant to this Subparagraph C; or

35 b. CONTRACTOR does not enter into an amendment providing assurances regarding the
36 safeguarding of PHI that COUNTY deems are necessary to satisfy the standards and requirements of
37 HIPAA, the HITECH Act, and the HIPAA regulations.

1 17. CONTRACTOR shall work with COUNTY upon notification by CONTRACTOR to
 2 COUNTY of a Breach to properly determine if any Breach exclusions exist as defined in Subparagraph
 3 B.2.a above.

4 D. SECURITY RULE

5 1. CONTRACTOR shall comply with the requirements of 45 CFR § 164.306 and establish
 6 and maintain appropriate Administrative, Physical and Technical Safeguards in accordance with 45 CFR
 7 § 164.308, § 164.310, and § 164.312, with respect to ePHI COUNTY discloses to CONTRACTOR or
 8 CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY. CONTRACTOR
 9 shall develop and maintain a written information privacy and security program that includes
 10 Administrative, Physical, and Technical Safeguards appropriate to the size and complexity of
 11 CONTRACTOR's operations and the nature and scope of its activities.

12 2. CONTRACTOR shall implement reasonable and appropriate P&Ps to comply with the
 13 standards, implementation specifications and other requirements of 45 CFR Part 164, Subpart C, in
 14 compliance with 45 CFR § 164.316. CONTRACTOR will provide COUNTY with its current and
 15 updated policies upon request.

16 3. CONTRACTOR shall ensure the continuous security of all computerized data systems
 17 containing ePHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives,
 18 maintains, or transmits on behalf of COUNTY. CONTRACTOR shall protect paper documents
 19 containing PHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives,
 20 maintains, or transmits on behalf of COUNTY. These steps shall include, at a minimum:

21 a. Complying with all of the data system security precautions listed under Subparagraph
 22 E., below;

23 b. Achieving and maintaining compliance with the HIPAA Security Rule, as necessary in
 24 conducting operations on behalf of COUNTY;

25 c. Providing a level and scope of security that is at least comparable to the level and scope
 26 of security established by the OMB in OMB Circular No. A-130, Appendix III - Security of Federal
 27 Automated Information Systems, which sets forth guidelines for automated information systems in
 28 Federal agencies;

29 4. CONTRACTOR shall ensure that any subcontractors that create, receive, maintain, or
 30 transmit ePHI on behalf of CONTRACTOR agree through a contract with CONTRACTOR to the same
 31 restrictions and requirements contained in this Subparagraph D of this Business Associate Contract.

32 5. CONTRACTOR shall report to COUNTY immediately any Security Incident of which it
 33 becomes aware. CONTRACTOR shall report Breaches of Unsecured PHI in accordance with
 34 Subparagraph E below and as required by 45 CFR § 164.410.

35 6. CONTRACTOR shall designate a Security Officer to oversee its data security program who
 36 shall be responsible for carrying out the requirements of this paragraph and for communicating on
 37 security matters with COUNTY.

1 E. DATA SECURITY REQUIREMENTS

2 1. Personal Controls

3 a. Employee Training. All workforce members who assist in the performance of
4 functions or activities on behalf of COUNTY in connection with Agreement, or access or disclose PHI
5 COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on
6 behalf of COUNTY, must complete information privacy and security training, at least annually, at
7 CONTRACTOR's expense. Each workforce member who receives information privacy and security
8 training must sign a certification, indicating the member's name and the date on which the training was
9 completed. These certifications must be retained for a period of six (6) years following the termination
10 of Agreement.

11 b. Employee Discipline. Appropriate sanctions must be applied against workforce
12 members who fail to comply with any provisions of CONTRACTOR's privacy P&Ps, including
13 termination of employment where appropriate.

14 c. Confidentiality Statement. All persons that will be working with PHI COUNTY
15 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of
16 COUNTY must sign a confidentiality statement that includes, at a minimum, General Use, Security and
17 Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The statement must be signed by the
18 workforce member prior to access to such PHI. The statement must be renewed annually. The
19 CONTRACTOR shall retain each person's written confidentiality statement for COUNTY inspection
20 for a period of six (6) years following the termination of the Agreement.

21 d. Background Check. Before a member of the workforce may access PHI COUNTY
22 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of
23 COUNTY, a background screening of that worker must be conducted. The screening should be
24 commensurate with the risk and magnitude of harm the employee could cause, with more thorough
25 screening being done for those employees who are authorized to bypass significant technical and
26 operational security controls. CONTRACTOR shall retain each workforce member's background check
27 documentation for a period of three (3) years.

28 2. Technical Security Controls

29 a. Workstation/Laptop Encryption. All workstations and laptops that store PHI COUNTY
30 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of
31 COUNTY either directly or temporarily must be encrypted using a FIPS 140-2 certified algorithm which
32 is 128bit or higher, such as AES. The encryption solution must be full disk unless approved by the
33 COUNTY.

34 b. Server Security. Servers containing unencrypted PHI COUNTY discloses to
35 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
36 must have sufficient administrative, physical, and technical controls in place to protect that data, based
37 upon a risk assessment/system security review.

1 c. Minimum Necessary. Only the minimum necessary amount of PHI COUNTY
2 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of
3 COUNTY required to perform necessary business functions may be copied, downloaded, or exported.

4 d. Removable Media Devices. All electronic files that contain PHI COUNTY discloses to
5 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
6 must be encrypted when stored on any removable media or portable device (i.e. USB thumb drives,
7 floppies, CD/DVD, Blackberry, backup tapes etc.). Encryption must be a FIPS 140-2 certified
8 algorithm which is 128bit or higher, such as AES. Such PHI shall not be considered “removed from the
9 premises” if it is only being transported from one of CONTRACTOR’s locations to another of
10 CONTRACTOR’s locations.

11 e. Antivirus Software. All workstations, laptops and other systems that process and/or
12 store PHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or
13 transmits on behalf of COUNTY must have installed and actively use comprehensive anti-virus software
14 solution with automatic updates scheduled at least daily.

15 f. Patch Management. All workstations, laptops and other systems that process and/or
16 store PHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or
17 transmits on behalf of COUNTY must have critical security patches applied, with system reboot if
18 necessary. There must be a documented patch management process which determines installation
19 timeframe based on risk assessment and vendor recommendations. At a maximum, all applicable
20 patches must be installed within thirty (30) days of vendor release. Applications and systems that
21 cannot be patched due to operational reasons must have compensatory controls implemented to
22 minimize risk, where possible.

23 g. User IDs and Password Controls. All users must be issued a unique user name for
24 accessing PHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains,
25 or transmits on behalf of COUNTY. Username must be promptly disabled, deleted, or the password
26 changed upon the transfer or termination of an employee with knowledge of the password, at maximum
27 within twenty-four (24) hours. Passwords are not to be shared. Passwords must be at least eight (8)
28 characters and must be a non-dictionary word. Passwords must not be stored in readable format on the
29 computer. Passwords must be changed every ninety (90) days, preferably every sixty (60) days.
30 Passwords must be changed if revealed or compromised. Passwords must be composed of characters
31 from at least three (3) of the following four (4) groups from the standard keyboard:

- 32 1) Upper case letters (A-Z)
- 33 2) Lower case letters (a-z)
- 34 3) Arabic numerals (0-9)
- 35 4) Non-alphanumeric characters (punctuation symbols)

36 h. Data Destruction. When no longer needed, all PHI COUNTY discloses to
37 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY

1 must be wiped using the Gutmann or US DoD 5220.22-M (7 Pass) standard, or by degaussing. Media
 2 may also be physically destroyed in accordance with NIST Special Publication 800-88. Other methods
 3 require prior written permission by COUNTY.

4 i. System Timeout. The system providing access to PHI COUNTY discloses to
 5 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
 6 must provide an automatic timeout, requiring re-authentication of the user session after no more than
 7 twenty (20) minutes of inactivity.

8 j. Warning Banners. All systems providing access to PHI COUNTY discloses to
 9 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
 10 must display a warning banner stating that data is confidential, systems are logged, and system use is for
 11 business purposes only by authorized users. User must be directed to log off the system if they do not
 12 agree with these requirements.

13 k. System Logging. The system must maintain an automated audit trail which can
 14 identify the user or system process which initiates a request for PHI COUNTY discloses to
 15 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY,
 16 or which alters such PHI. The audit trail must be date and time stamped, must log both successful and
 17 failed accesses, must be read only, and must be restricted to authorized users. If such PHI is stored in a
 18 database, database logging functionality must be enabled. Audit trail data must be archived for at least
 19 three (3) years after occurrence.

20 l. Access Controls. The system providing access to PHI COUNTY discloses to
 21 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
 22 must use role based access controls for all user authentications, enforcing the principle of least privilege.

23 m. Transmission Encryption. All data transmissions of PHI COUNTY discloses to
 24 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
 25 outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm which is
 26 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files
 27 containing PHI can be encrypted. This requirement pertains to any type of PHI in motion such as
 28 website access, file transfer, and E-Mail.

29 n. Intrusion Detection. All systems involved in accessing, holding, transporting, and
 30 protecting PHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains,
 31 or transmits on behalf of COUNTY that are accessible via the Internet must be protected by a
 32 comprehensive intrusion detection and prevention solution.

33 3. Audit Controls

34 a. System Security Review. CONTRACTOR must ensure audit control mechanisms that
 35 record and examine system activity are in place. All systems processing and/or storing PHI COUNTY
 36 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of
 37 COUNTY must have at least an annual system risk assessment/security review which provides

1 assurance that administrative, physical, and technical controls are functioning effectively and providing
2 adequate levels of protection. Reviews should include vulnerability scanning tools.

3 b. Log Reviews. All systems processing and/or storing PHI COUNTY discloses to
4 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
5 must have a routine procedure in place to review system logs for unauthorized access.

6 c. Change Control. All systems processing and/or storing PHI COUNTY discloses to
7 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
8 must have a documented change control procedure that ensures separation of duties and protects the
9 confidentiality, integrity and availability of data.

10 4. Business Continuity/Disaster Recovery Control

11 a. Emergency Mode Operation Plan. CONTRACTOR must establish a documented plan
12 to enable continuation of critical business processes and protection of the security of PHI COUNTY
13 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of
14 COUNTY kept in an electronic format in the event of an emergency. Emergency means any
15 circumstance or situation that causes normal computer operations to become unavailable for use in
16 performing the work required under this Agreement for more than twenty-four (24) hours.

17 b. Data Backup Plan. CONTRACTOR must have established documented procedures to
18 backup such PHI to maintain retrievable exact copies of the PHI. The plan must include a regular
19 schedule for making backups, storing backup offsite, an inventory of backup media, and an estimate of
20 the amount of time needed to restore DHCS PHI or PI should it be lost. At a minimum, the schedule
21 must be a weekly full backup and monthly offsite storage of DHCS data. BCP for CONTRACTOR and
22 COUNTY (e.g. the application owner) must merge with the DRP.

23 5. Paper Document Controls

24 a. Supervision of Data. PHI COUNTY discloses to CONTRACTOR or CONTRACTOR
25 creates, receives, maintains, or transmits on behalf of COUNTY in paper form shall not be left
26 unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means
27 that information is not being observed by an employee authorized to access the information. Such PHI
28 in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in
29 baggage on commercial airplanes.

30 b. Escorting Visitors. Visitors to areas where PHI COUNTY discloses to
31 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY is
32 contained shall be escorted and such PHI shall be kept out of sight while visitors are in the area.

33 c. Confidential Destruction. PHI COUNTY discloses to CONTRACTOR or
34 CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY must be disposed of
35 through confidential means, such as cross cut shredding and pulverizing.

36 //

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1 d. Removal of Data. PHI COUNTY discloses to CONTRACTOR or CONTRACTOR
2 creates, receives, maintains, or transmits on behalf of COUNTY must not be removed from the premises
3 of the CONTRACTOR except with express written permission of COUNTY.

4 e. Faxing. Faxes containing PHI COUNTY discloses to CONTRACTOR or
5 CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY shall not be left
6 unattended and fax machines shall be in secure areas. Faxes shall contain a confidentiality statement
7 notifying persons receiving faxes in error to destroy them. Fax numbers shall be verified with the
8 intended recipient before sending the fax.

9 f. Mailing. Mailings containing PHI COUNTY discloses to CONTRACTOR or
10 CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY shall be sealed and
11 secured from damage or inappropriate viewing of PHI to the extent possible. Mailings which include
12 five hundred (500) or more individually identifiable records containing PHI COUNTY discloses to
13 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY in
14 a single package shall be sent using a tracked mailing method which includes verification of delivery
15 and receipt, unless the prior written permission of COUNTY to use another method is obtained.

16 F. BREACH DISCOVERY AND NOTIFICATION

17 1. Following the discovery of a Breach of Unsecured PHI, CONTRACTOR shall notify
18 COUNTY of such Breach, however both parties agree to a delay in the notification if so advised by a
19 law enforcement official pursuant to 45 CFR § 164.412.

20 a. A Breach shall be treated as discovered by CONTRACTOR as of the first day on which
21 such Breach is known to CONTRACTOR, or by exercising reasonable diligence, would have been
22 known to CONTRACTOR.

23 b. CONTRACTOR shall be deemed to have knowledge of a Breach if the Breach is
24 known, or by exercising reasonable diligence, would have been known, to any person who is an
25 employee, officer, or other agent of CONTRACTOR, as determined by federal common law of agency.

26 2. CONTRACTOR shall provide the notification of the Breach immediately to the COUNTY
27 Privacy Officer. CONTRACTOR's notification may be oral, but shall be followed by written
28 notification within twenty-four (24) hours of the oral notification.

29 3. CONTRACTOR's notification shall include, to the extent possible:

30 a. The identification of each Individual whose Unsecured PHI has been, or is reasonably
31 believed by CONTRACTOR to have been, accessed, acquired, used, or disclosed during the Breach;

32 b. Any other information that COUNTY is required to include in the notification to
33 Individual under 45 CFR §164.404 (c) at the time CONTRACTOR is required to notify COUNTY or
34 promptly thereafter as this information becomes available, even after the regulatory sixty (60) day
35 period set forth in 45 CFR § 164.410 (b) has elapsed, including:

36 1) A brief description of what happened, including the date of the Breach and the date
37 of the discovery of the Breach, if known;

1 2) A description of the types of Unsecured PHI that were involved in the Breach (such
2 as whether full name, social security number, date of birth, home address, account number, diagnosis,
3 disability code, or other types of information were involved);

4 3) Any steps Individuals should take to protect themselves from potential harm
5 resulting from the Breach;

6 4) A brief description of what CONTRACTOR is doing to investigate the Breach, to
7 mitigate harm to Individuals, and to protect against any future Breaches; and

8 5) Contact procedures for Individuals to ask questions or learn additional information,
9 which shall include a toll-free telephone number, an E-Mail address, Web site, or postal address.

10 4. COUNTY may require CONTRACTOR to provide notice to the Individual as required in
11 45 CFR § 164.404, if it is reasonable to do so under the circumstances, at the sole discretion of the
12 COUNTY.

13 5. In the event that CONTRACTOR is responsible for a Breach of Unsecured PHI in violation
14 of the HIPAA Privacy Rule, CONTRACTOR shall have the burden of demonstrating that
15 CONTRACTOR made all notifications to COUNTY consistent with this Subparagraph F and as
16 required by the Breach notification regulations, or, in the alternative, that the acquisition, access, use, or
17 disclosure of PHI did not constitute a Breach.

18 6. CONTRACTOR shall maintain documentation of all required notifications of a Breach or
19 its risk assessment under 45 CFR § 164.402 to demonstrate that a Breach did not occur.

20 7. CONTRACTOR shall provide to COUNTY all specific and pertinent information about the
21 Breach, including the information listed in Section E.3.b.(1)-(5) above, if not yet provided, to permit
22 COUNTY to meet its notification obligations under Subpart D of 45 CFR Part 164 as soon as
23 practicable, but in no event later than fifteen (15) calendar days after CONTRACTOR's initial report of
24 the Breach to COUNTY pursuant to Subparagraph F.2 above.

25 8. CONTRACTOR shall continue to provide all additional pertinent information about the
26 Breach to COUNTY as it may become available, in reporting increments of five (5) business days after
27 the last report to COUNTY. CONTRACTOR shall also respond in good faith to any reasonable
28 requests for further information, or follow-up information after report to COUNTY, when such request
29 is made by COUNTY.

30 9. If the Breach is the fault of CONTRACTOR, CONTRACTOR shall bear all expense or
31 other costs associated with the Breach and shall reimburse COUNTY for all expenses COUNTY incurs
32 in addressing the Breach and consequences thereof, including costs of investigation, notification,
33 remediation, documentation or other costs associated with addressing the Breach.

34 G. PERMITTED USES AND DISCLOSURES BY CONTRACTOR

35 1. CONTRACTOR may use or further disclose PHI COUNTY discloses to CONTRACTOR
36 as necessary to perform functions, activities, or services for, or on behalf of, COUNTY as specified in
37 //

1 the Agreement, provided that such use or Disclosure would not violate the HIPAA Privacy Rule if done
2 by COUNTY except for the specific Uses and Disclosures set forth below.

3 a. CONTRACTOR may use PHI COUNTY discloses to CONTRACTOR, if necessary,
4 for the proper management and administration of CONTRACTOR.

5 b. CONTRACTOR may disclose PHI COUNTY discloses to CONTRACTOR for the
6 proper management and administration of CONTRACTOR or to carry out the legal responsibilities of
7 CONTRACTOR, if:

8 1) The Disclosure is required by law; or

9 2) CONTRACTOR obtains reasonable assurances from the person to whom the PHI
10 is disclosed that it will be held confidentially and used or further disclosed only as required by law or for
11 the purposes for which it was disclosed to the person and the person immediately notifies
12 CONTRACTOR of any instance of which it is aware in which the confidentiality of the information has
13 been breached.

14 c. CONTRACTOR may use or further disclose PHI COUNTY discloses to
15 CONTRACTOR to provide Data Aggregation services relating to the Health Care Operations of
16 CONTRACTOR.

17 2. CONTRACTOR may use PHI COUNTY discloses to CONTRACTOR, if necessary, to
18 carry out legal responsibilities of CONTRACTOR.

19 3. CONTRACTOR may use and disclose PHI COUNTY discloses to CONTRACTOR
20 consistent with the minimum necessary P&Ps of COUNTY.

21 4. CONTRACTOR may use or disclose PHI COUNTY discloses to CONTRACTOR as
22 required by law.

23 H. PROHIBITED USES AND DISCLOSURES

24 1. CONTRACTOR shall not disclose PHI COUNTY discloses to CONTRACTOR or
25 CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY about an individual to
26 a health plan for payment or health care operations purposes if the PHI pertains solely to a health care
27 item or service for which the health care provider involved has been paid out of pocket in full and the
28 individual requests such restriction, in accordance with 42 USC § 17935(a) and 45 CFR § 164.522(a).

29 2. CONTRACTOR shall not directly or indirectly receive remuneration in exchange for PHI
30 COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on
31 behalf of COUNTY, except with the prior written consent of COUNTY and as permitted by 42 USC §
32 17935(d)(2).

33 I. OBLIGATIONS OF COUNTY

34 1. COUNTY shall notify CONTRACTOR of any limitation(s) in COUNTY's notice of
35 privacy practices in accordance with 45 CFR § 164.520, to the extent that such limitation may affect
36 CONTRACTOR's Use or Disclosure of PHI.

37 //

1 2. COUNTY shall notify CONTRACTOR of any changes in, or revocation of, the permission
2 by an Individual to use or disclose his or her PHI, to the extent that such changes may affect
3 CONTRACTOR's Use or Disclosure of PHI.

4 3. COUNTY shall notify CONTRACTOR of any restriction to the Use or Disclosure of PHI
5 that COUNTY has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction
6 may affect CONTRACTOR's Use or Disclosure of PHI.

7 4. COUNTY shall not request CONTRACTOR to use or disclose PHI in any manner that
8 would not be permissible under the HIPAA Privacy Rule if done by COUNTY.

9 J. BUSINESS ASSOCIATE TERMINATION

10 1. Upon COUNTY's knowledge of a material Breach or violation by CONTRACTOR of the
11 requirements of this Business Associate Contract, COUNTY shall:

12 a. Provide an opportunity for CONTRACTOR to cure the material Breach or end the
13 violation within thirty (30) business days; or

14 b. Immediately terminate the Agreement, if CONTRACTOR is unwilling or unable to
15 cure the material Breach or end the violation within thirty (30) days, provided termination of the
16 Agreement is feasible.

17 2. Upon termination of the Agreement, CONTRACTOR shall either destroy or return to
18 COUNTY all PHI CONTRACTOR received from COUNTY or CONTRACTOR created, maintained,
19 or received on behalf of COUNTY in conformity with the HIPAA Privacy Rule.

20 a. This provision shall apply to all PHI that is in the possession of Subcontractors or
21 agents of CONTRACTOR.

22 b. CONTRACTOR shall retain no copies of the PHI.

23 c. In the event that CONTRACTOR determines that returning or destroying the PHI is not
24 feasible, CONTRACTOR shall provide to COUNTY notification of the conditions that make return or
25 destruction infeasible. Upon determination by COUNTY that return or destruction of PHI is infeasible,
26 CONTRACTOR shall extend the protections of this Business Associate Contract to such PHI and limit
27 further Uses and Disclosures of such PHI to those purposes that make the return or destruction
28 infeasible, for as long as CONTRACTOR maintains such PHI.

29 3. The obligations of this Business Associate Contract shall survive the termination of the
30 Agreement.

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EXHIBIT C
 TO THE AGREEMENT FOR PROVISION OF
 GENERAL POPULATION FULL SERVICE PARTNERSHIP SERVICES
 BETWEEN
 COUNTY OF ORANGE
 AND
 TELECARE CORPORATION
 JULY 1, 2017 THROUGH JUNE 30, 2020

I. PERSONAL INFORMATION PRIVACY AND SECURITY CONTRACT

Any reference to statutory, regulatory, or contractual language herein shall be to such language as in effect or as amended.

A. DEFINITIONS

1. "Breach" shall have the meaning given to such term under the IEA and CMPPA. It shall include a "PII loss" as that term is defined in the CMPPA.

2. "Breach of the security of the system" shall have the meaning given to such term under the CIPA, CCC § 1798.29(d).

3. "CMPPA Agreement" means the CMPPA Agreement between the SSA and CHHS.

4. "DHCS PI" shall mean PI, as defined below, accessed in a database maintained by the COUNTY or DHCS, received by CONTRACTOR from the COUNTY or DHCS or acquired or created by CONTRACTOR in connection with performing the functions, activities and services specified in the Agreement on behalf of the COUNTY.

5. "IEA" shall mean the IEA currently in effect between the SSA and DHCS.

6. "Notice-triggering PI" shall mean the PI identified in CCC § 1798.29(e) whose unauthorized access may trigger notification requirements under CCC § 1709.29. For purposes of this provision, identity shall include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print, a photograph or a biometric identifier. Notice-triggering PI includes PI in electronic, paper or any other medium.

7. "PII" shall have the meaning given to such term in the IEA and CMPPA.

8. "PI" shall have the meaning given to such term in CCC § 1798.3(a).

9. "Required by law" means a mandate contained in law that compels an entity to make a use or disclosure of PI or PII that is enforceable in a court of law. This includes, but is not limited to, court orders and court-ordered warrants, subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information, and a civil or an authorized investigative demand. It also includes Medicare conditions of participation with respect to health care providers participating in the program, and statutes or

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1 regulations that require the production of information, including statutes or regulations that require such
2 information if payment is sought under a government program providing public benefits.

3 10. "Security Incident" means the attempted or successful unauthorized access, use, disclosure,
4 modification, or destruction of PI, or confidential data utilized in complying with this Agreement; or
5 interference with system operations in an information system that processes, maintains or stores PI.

6 B. TERMS OF AGREEMENT

7 1. Permitted Uses and Disclosures of DHCS PI and PII by CONTRACTOR. Except as
8 otherwise indicated in this Exhibit C, CONTRACTOR may use or disclose DHCS PI only to perform
9 functions, activities, or services for or on behalf of the COUNTY pursuant to the terms of the
10 Agreement provided that such use or disclosure would not violate the CIPA if done by the COUNTY.

11 2. Responsibilities of CONTRACTOR

12 CONTRACTOR agrees:

13 a. Nondisclosure. Not to use or disclose DHCS PI or PII other than as permitted or
14 required by this Personal Information Privacy and Security Contract or as required by applicable state
15 and federal law.

16 b. Safeguards. To implement appropriate and reasonable administrative, technical, and
17 physical safeguards to protect the security, confidentiality and integrity of DHCS PI and PII, to protect
18 against anticipated threats or hazards to the security or integrity of DHCS PI and PII, and to prevent use
19 or disclosure of DHCS PI or PII other than as provided for by this Personal Information Privacy and
20 Security Contract. CONTRACTOR shall develop and maintain a written information privacy and
21 security program that include administrative, technical and physical safeguards appropriate to the size
22 and complexity of CONTRACTOR's operations and the nature and scope of its activities, which
23 incorporate the requirements of Subparagraph c. below. CONTRACTOR will provide COUNTY with
24 its current policies upon request.

25 c. Security. CONTRACTOR shall ensure the continuous security of all computerized
26 data systems containing DHCS PI and PII. CONTRACTOR shall protect paper documents containing
27 DHCS PI and PII. These steps shall include, at a minimum:

28 1) Complying with all of the data system security precautions listed in Subparagraph
29 E. of the Business Associate Contract, Exhibit B to the Agreement; and

30 2) Providing a level and scope of security that is at least comparable to the level and
31 scope of security established by the OMB in OMB Circular No. A-130, Appendix III-Security of
32 Federal Automated Information Systems, which sets forth guidelines for automated information systems
33 in Federal agencies.

34 3) If the data obtained by CONTRACTOR from COUNTY includes PII,
35 CONTRACTOR shall also comply with the substantive privacy and security requirements in the
36 CMPPA Agreement between the SSA and the CHHS and in the Agreement between the SSA and
37 DHCS, known as the IEA. The specific sections of the IEA with substantive privacy and security

1 requirements to be complied with are sections E, F, and G, and in Attachment 4 to the IEA, Electronic
2 Information Exchange Security Requirements, Guidelines and Procedures for Federal, State and Local
3 Agencies Exchanging Electronic Information with the SSA. CONTRACTOR also agrees to ensure that
4 any of CONTRACTOR’s agents or subcontractors, to whom CONTRACTOR provides DHCS PII agree
5 to the same requirements for privacy and security safeguards for confidential data that apply to
6 CONTRACTOR with respect to such information.

7 d. Mitigation of Harmful Effects. To mitigate, to the extent practicable, any harmful
8 effect that is known to CONTRACTOR of a use or disclosure of DHCS PI or PII by CONTRACTOR or
9 its subcontractors in violation of this Personal Information Privacy and Security Contract.

10 e. CONTRACTOR’s Agents and Subcontractors. To impose the same restrictions and
11 conditions set forth in this Personal Information and Security Contract on any subcontractors or other
12 agents with whom CONTRACTOR subcontracts any activities under the Agreement that involve the
13 disclosure of DHCS PI or PII to such subcontractors or other agents.

14 f. Availability of Information. To make DHCS PI and PII available to the DHCS and/or
15 COUNTY for purposes of oversight, inspection, amendment, and response to requests for records,
16 injunctions, judgments, and orders for production of DHCS PI and PII. If CONTRACTOR receives
17 DHCS PII, upon request by COUNTY and/or DHCS, CONTRACTOR shall provide COUNTY and/or
18 DHCS with a list of all employees, contractors and agents who have access to DHCS PII, including
19 employees, contractors and agents of its subcontractors and agents.

20 g. Cooperation with COUNTY. With respect to DHCS PI, to cooperate with and assist
21 the COUNTY to the extent necessary to ensure the DHCS’s compliance with the applicable terms of the
22 CIPA including, but not limited to, accounting of disclosures of DHCS PI, correction of errors in DHCS
23 PI, production of DHCS PI, disclosure of a security Breach involving DHCS PI and notice of such
24 Breach to the affected individual(s).

25 h. Breaches and Security Incidents. During the term of the Agreement, CONTRACTOR
26 agrees to implement reasonable systems for the discovery of any Breach of unsecured DHCS PI and PII
27 or security incident. CONTRACTOR agrees to give notification of any Breach of unsecured DHCS PI
28 and PII or security incident in accordance with Subparagraph F, of the Business Associate Contract,
29 Exhibit B to the Agreement.

30 i. Designation of Individual Responsible for Security. CONTRACTOR shall designate
31 an individual, (e.g., Security Officer), to oversee its data security program who shall be responsible for
32 carrying out the requirements of this Personal Information Privacy and Security Contract and for
33 communicating on security matters with the COUNTY.

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