

1 CONTRACT FOR PROVISION OF
2 DRUG MEDI-CAL ADULT OUTPATIENT AND
3 INTENSIVE OUTPATIENT SERVICES
4 BETWEEN
5 COUNTY OF ORANGE
6 AND
7 PHOENIX HOUSE ORANGE COUNTY, INC.
8 JANUARY 1, 2023 THROUGH JUNE 30, 2025
9

10 THIS CONTRACT entered into this 1st day of January 2023 (effective date), is by and between the
11 COUNTY OF ORANGE, a political subdivision of State of California (COUNTY), and Phoenix House
12 Orange County, Inc. a California non-profit Corporation (CONTRACTOR). COUNTY and
13 CONTRACTOR may sometimes be referred to herein individually as "Party" or collectively as
14 "Parties." This Contract shall be administered by the County of Orange Health Care Agency
15 (ADMINISTRATOR).

16
17 **W I T N E S S E T H:**
18

19 WHEREAS, COUNTY wishes to contract with CONTRACTOR for the provision of Drug Medi-
20 Cal Adult Outpatient and Intensive Outpatient Services described herein to the residents of Orange
21 County; and

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

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

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REFERENCED CONTRACT PROVISIONS

Term: January 1, 2023 through June 30, 2025

Period One means the period from January 1, 2023 through June 30, 2023

Period Two means the period from July 1, 2023 through June 30, 2024

Period Three means the period from July 1, 2024 through June 30, 2025

DMC ODF Amounts Not To Exceed:

Period One Aggregate Amount Not To Exceed:	\$ 4,291,253
Period Two Aggregate Amount Not To Exceed:	8,582,505
Period Three Aggregate Amount Not To Exceed:	<u>8,582,505</u>
TOTAL ODF AGGREGATE AMOUNT NOT TO EXCEED:	\$ 21,456,263

DMC Medication Assisted Treatment (MAT) Amounts Not To Exceed:

Period One Aggregate Amount Not To Exceed:	\$ 421,466
Period Two Aggregate Amount Not To Exceed:	842,932
Period Three Aggregate Amount Not To Exceed:	<u>842,932</u>
TOTAL MAT AGGREGATE AMOUNT NOT TO EXCEED:	\$ 2,107,330

Basis for Reimbursement: ODF paid at Negotiated Rate and MAT paid at Actual Cost

Payment Method: Monthly in Arrears

CONTRACTOR UEI Number: G5EYM14QM7D9

CONTRACTOR TAX ID Number: 22-2268070

Notices to COUNTY and CONTRACTOR:

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

1 **CONTRACTOR:** Alice Gleghorn, Ph.D., President/CEO
2 Phoenix House Orange County, Inc.
3 11600 Eldridge Ave.
4 Lake View Terrace, California 91342
5 agleghorn@phoenixhouseca.org

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I. ACRONYMS

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

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4	A. AES	Advanced Encryption Standard
5	B. AOD	Alcohol and Other Drug
6	C. ARRA	American Recovery and Reinvestment Act
7	D. ASAM	American Society of Addiction Medicine
8	E. ASRS	Alcohol and Drug Programs Reporting System
9	F. BCP	Business Continuity Plan
10	G. CalOMS	California Outcomes Measurement System
11	H. CAP	Corrective Action Plan
12	I. CCC	California Civil Code
13	J. CCR	California Code of Regulations
14	K. CD/DVD	Compact Disc/Digital Video or Versatile Disc
15	L. CEO	County Executive Office
16	M. CESI	Client Evaluation of Self at Intake
17	N. CEST	Client Evaluation of Self and Treatment
18	O. CHHS	California Health and Human Services Agency
19	P. CFR	Code of Federal Regulations
20	Q. CHPP	COUNTY HIPAA Policies and Procedures
21	R. CHS	Correctional Health Services
22	S. CIPA	California Information Practices Act
23	T. CMPPA	Computer Matching and Privacy Protection Act
24	U. COI	Certificate of Insurance
25	V. CSU	Crisis Stabilization Unit
26	W. DATAR	Drug Abuse Treatment Access Report
27	X. DHCS	Department of Health Care Services
28	Y. D/MC	Drug/Medi-Cal
29	Z. DMC ODS	Drug Medi-Cal Organized Delivery System
30	AA. DoD	US Department of Defense
31	AB. DPFS	Drug Program Fiscal Systems
32	AC. DRP	Disaster Recovery Plan
33	AD. DRS	Designated Record Set
34	AE. DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
35	AF. DSS	Department of Social Services
36	AG. EBPs	Evidenced Based Treatment Practices
37	AH. EHR	Electronic Health Records

1	AI. ePHI	Electronic Protected Health Information
2	AJ. EPSDT	Early Periodic Screening, Diagnostic and Treatment
3	AK. FIPS	Federal Information Processing Standards
4	AL. FTE	Full Time Equivalent
5	AM. GAAP	Generally Accepted Accounting Principles
6	AN. HCA	Health Care Agency
7	AO. HHS	Health and Human Services
8	AP. HIPAA	Health Insurance Portability and Accountability Act of 1996, Public
9		Law 104–191
10	AQ. HITECH Act	The Health Information Technology for Economic and Clinical Health
11		Act, Public Law 111–005
12	AR. HSC	California Health and Safety Code
13	AS. ID	Identification
14	AT. IEA	Information Exchange Contract
15	AU. IRIS	Integrated Records and Information System
16	AV. ISO	Insurance Services Office
17	AW. LPHA	Licensed Practitioner of the Healing Arts
18	AX. MAT	Medication Assisted Treatment
19	AY. NIST	National Institute of Standards and Technology
20	AZ. NPI	National Provider Identifier
21	BA. NPPES	National Plan and Provider Enumeration System
22	BB. OCPD	Orange County Probation Department
23	BC. OCR	Office for Civil Rights
24	BD. OIG	Office of Inspector General
25	BE. OMB	Office of Management and Budget
26	BF. OPM	Federal Office of Personnel Management
27	BG. P&P	Policy and Procedure
28	BH. PA DSS	Payment Application Data Security Standard
29	BI. PC	State of California Penal Code
30	BJ. PCI DSS	Payment Card Industry Data Security Standard
31	BK. PHI	Protected Health Information
32	BL. PII	Personally Identifiable Information
33	BM. PI	Personal Information
34	BN. RPC	Residential Placement Coordinator
35	BO. RTS	Residential Treatment Services
36	BP. SIR	Self-Insured Retention
37	BQ. SMA	Statewide Maximum Allowance

1	BR. STC	Special Terms and Conditions
2	BS. SUD	Substance Use Disorder
3	BT. TB	Tuberculosis
4	BU. UMDAP	Uniform method of Determining Ability to Pay
5	BV. USC	United States Code

7 **II. ALTERATION OF TERMS**

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

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

16 **III. ASSIGNMENT OF DEBTS**

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

25 **IV. BENEFICIARIES' RIGHTS**

26 A. CONTRACTOR shall post the current Drug Medi-Cal Organized Delivery System (DMC-
27 ODS) Grievance and Appeals poster in locations readily available to Clients and staff and have
28 Grievance and Appeal forms in the threshold languages and envelopes readily accessible to Clients to
29 take without having to request it on the unit.

30 B. In addition to those processes provided by ADMINISTRATOR, CONTRACTOR shall have an
31 internal grievance processes approved by ADMINISTRATOR, to which the beneficiary shall have
32 access.

33 1. CONTRACTOR's grievance processes shall incorporate COUNTY's grievance and/or
34 utilization management guidelines and procedures. The beneficiary has the right to utilize either or both
35 grievance process simultaneously in order to resolve their dissatisfaction.

36 2. Title IX Rights Advocacy. This process may be initiated by a Client who registers a
37 statutory rights violation or a denial or abuse complaint with the County Patients' Rights Office. The

1 Patients' Rights office shall investigate the complaint, and Title IX grievance procedures shall apply,
2 which involve ADMINISTRATOR'S Director of Behavioral Health Care and the State Patients' Rights
3 Office.

4 C. The parties agree that Clients have recourse to initiate an expression of dissatisfaction to
5 CONTRACTOR and file a grievance or complaint.

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

8 9 **V. COMPLIANCE**

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

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

16 2. CONTRACTOR has the option to provide ADMINISTRATOR with proof of its own
17 compliance program, code of conduct and any compliance related policies and procedures.
18 CONTRACTOR's compliance program, code of conduct and any related policies and procedures shall
19 be verified by ADMINISTRATOR's Compliance Department to ensure they include all required
20 elements by ADMINISTRATOR's Compliance Officer as described in this Compliance Paragraph to
21 this Contract. These elements include:

- 22 a. Designation of a Compliance Officer and/or compliance staff.
- 23 b. Written standards, policies and/or procedures.
- 24 c. Compliance related training and/or education program and proof of completion.
- 25 d. Communication methods for reporting concerns to the Compliance Officer.
- 26 e. Methodology for conducting internal monitoring and auditing.
- 27 f. Methodology for detecting and correcting offenses.
- 28 g. Methodology/Procedure for enforcing disciplinary standards.

29 3. If CONTRACTOR does not provide proof of its own compliance program to
30 ADMINISTRATOR, CONTRACTOR shall internally comply with ADMINISTRATOR's Compliance
31 Program and Code of Conduct, the CONTRACTOR shall submit to the ADMINISTRATOR within
32 thirty (30) calendar days of execution of this Contract a signed acknowledgement that CONTRACTOR
33 will internally comply with ADMINISTRATOR's Compliance Program and Code of Conduct.
34 CONTRACTOR shall have as many Covered Individuals it determines necessary complete
35 ADMINISTRATOR's annual compliance training to ensure proper compliance.

36 4. If CONTRACTOR elects to have its own compliance program, code of conduct and any
37 Compliance related policies and procedures reviewed by ADMINISTRATOR, then CONTRACTOR

1 shall submit a copy of its compliance program, code of conduct and all relevant policies and procedures
2 to ADMINISTRATOR within thirty (30) calendar days of execution of this Contract.
3 ADMINISTRATOR's Compliance Officer, or designee, shall review said documents within a
4 reasonable time, which shall not exceed forty-five (45) calendar days, and determine if contractor's
5 proposed compliance program and code of conduct contain all required elements to the
6 ADMINISTRATOR's satisfaction as consistent with the HCA's Compliance Program and Code of
7 Conduct. ADMINISTRATOR shall inform CONTRACTOR of any missing required elements and
8 CONTRACTOR shall revise its compliance program and code of conduct to meet
9 ADMINISTRATOR's required elements within thirty (30) calendar days after ADMINISTRATOR's
10 Compliance Officer's determination and resubmit the same for review by the ADMINISTRATOR.

11 5. Upon written confirmation from ADMINISTRATOR's compliance officer that the
12 CONTRACTOR's compliance program, code of conduct and any compliance related policies and
13 procedures contain all required elements, CONTRACTOR shall ensure that all Covered Individuals
14 relative to this Contract are made aware of CONTRACTOR's compliance program, code of conduct,
15 related policies and procedures and contact information for the ADMINISTRATOR's Compliance Program.

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

24 1. For purposes of this Compliance Paragraph, Covered Individuals includes all employees,
25 interns, volunteers, contractors, subcontractors, agents, and other persons who provide health care items
26 or services or who perform billing or coding functions on behalf of ADMINISTRATOR.
27 CONTRACTOR shall ensure that all Covered Individuals relative to this Contract are made aware of
28 ADMINISTRATOR's Compliance Program, Code of Conduct and related policies and procedures (or
29 CONTRACTOR's own compliance program, code of conduct and related policies and procedures if
30 CONTRACTOR has elected to use its own).

31 2. An Ineligible Person shall be any individual or entity who:
32 a. is currently excluded, suspended, debarred or otherwise ineligible to participate in
33 federal and state health care programs; or
34 b. has been convicted of a criminal offense related to the provision of health care items or
35 services and has not been reinstated in the federal and state health care programs after a period of
36 exclusion, suspension, debarment, or ineligibility.

37 //

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

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

10 5. Covered Individuals shall be required to disclose to CONTRACTOR immediately any
11 debarment, exclusion or other event that makes the Covered Individual an Ineligible Person.
12 CONTRACTOR shall notify ADMINISTRATOR immediately if a Covered Individual providing
13 services directly relative to this Contract becomes debarred, excluded or otherwise becomes an
14 Ineligible Person.

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

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

28 C. GENERAL COMPLIANCE TRAINING - ADMINISTRATOR shall make General
29 Compliance Training available to Covered Individuals.

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

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

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

37 //

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

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

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

9 1. CONTRACTOR shall ensure completion of Specialized Provider Training by all Covered
10 Individuals relative to this Contract. This includes compliance with federal and state healthcare
11 program regulations and procedures or instructions otherwise communicated by regulatory agencies;
12 including the Centers for Medicare and Medicaid Services or their agents.

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

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

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

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

22 E. MEDI-CAL BILLING, CODING, AND DOCUMENTATION COMPLIANCE STANDARDS

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

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

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

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

37 //

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

3 6. CONTRACTOR shall meet the HCA Quality Assessment and Performance Improvement
4 Standards established by Authority and Quality Improvement Services (AQIS) and participate in the
5 quality improvement activities developed in the implementation of the DMC-ODS Quality Management
6 Program. CONTRACTOR shall establish an internal Quality Management program and appoint
7 designated Quality Improvement (QI) staff consisting of at least one dedicated QI
8 coordinator/professional to participate in QI activities with ADMINISTRATOR and to ensure service
9 delivery and support program staff implement QI initiatives and requirements appropriately at the
10 program site.

11 7. CONTRACTOR shall comply with the provisions of the ADMINISTRATOR's Cultural
12 Competency Plan submitted and approved by the state. ADMINISTRATOR shall update the Cultural
13 Competency Plan and submit the updates to the State for review and approval annually. (CCR, Title 9,
14 §1810.410.subds.(c)-(d).

15 F. Failure to comply with the obligations stated in this Compliance Paragraph shall constitute a
16 breach of the Contract on the part of CONTRACTOR and grounds for COUNTY to terminate the
17 Contract. Unless the circumstances require a sooner period of cure, CONTRACTOR shall have thirty
18 (30) calendar days from the date of the written notice of default to cure any defaults grounded on this
19 Compliance Paragraph prior to ADMINISTRATOR's right to terminate this Contract on the basis of
20 such default.

21 **VI. CONFIDENTIALITY**

22 A. CONTRACTOR shall maintain the confidentiality of all records, including billings and any
23 audio and/or video recordings, in accordance with all applicable federal, state and county codes and
24 regulations, including 42 USC §290dd-2 (Confidentiality of Records), as they now exist or may
25 hereafter be amended or changed.

26 B. Prior to providing any services pursuant to this Contract, all members of the Board of Directors
27 or its designee or authorized agent, employees, consultants, subcontractors, volunteers and interns of the
28 CONTRACTOR shall agree, in writing, with CONTRACTOR to maintain the confidentiality of any and
29 all information and records which may be obtained in the course of providing such services. This
30 Contract shall specify that it is effective irrespective of all subsequent resignations or terminations of
31 CONTRACTOR members of the Board of Directors or its designee or authorized agent, employees,
32 consultants, subcontractors, volunteers and interns.

33 C. CONTRACTOR shall have in effect a system to protect patient records from inappropriate
34 disclosure in connection with activity funded under this Contract. This system shall include provisions
35 for employee education on the confidentiality requirements, and the fact that disciplinary action may
36 occur upon inappropriate disclosure. CONTRACTOR agrees to implement administrative, physical, and
37

1 technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and
2 availability of all confidential information that it creates, receives, maintains or transmits.
3 CONTRACTOR shall provide ADMINISTRATOR with information concerning such safeguards.

4 D. CONTRACTOR agrees to mitigate, to the extent practicable, any harmful effect that is known
5 to CONTRACTOR, or its subcontractors or agents in violation of the applicable state and federal
6 regulations regarding confidentiality.

7 E. CONTRACTOR shall monitor compliance with the above provisions on confidentiality and
8 security, and shall include them in all subcontracts.

9 F. CONTRACTOR shall notify ADMINISTRATOR within twenty-four (24) hours during a work
10 week, of any suspected or actual breach of its computer system.

11 **VII. CONFLICT OF INTEREST**

12 CONTRACTOR shall exercise reasonable care and diligence to prevent any actions or conditions
13 that could result in a conflict with COUNTY interests. In addition to CONTRACTOR, this obligation
14 shall apply to CONTRACTOR's employees, agents, and subcontractors associated with the provision of
15 goods and services provided under this Contract. CONTRACTOR's efforts shall include, but not be
16 limited to establishing rules and procedures preventing its employees, agents, and subcontractors from
17 providing or offering gifts, entertainment, payments, loans or other considerations which could be
18 deemed to influence or appear to influence COUNTY staff or elected officers in the performance of
19 their duties.
20

21 **VIII. COST REPORT**

22 A. CONTRACTOR shall submit an individual and/or consolidated Cost Report for each Period, or
23 for a portion thereof to COUNTY no later than forty-five (45) calendar days following the period for
24 which they are prepared or termination of this Contract. CONTRACTOR shall prepare the individual
25 and/or consolidated Cost Report in accordance with all applicable federal, state and COUNTY
26 requirements, GAAP and the Special Provisions Paragraph of this Contract. CONTRACTOR shall
27 allocate direct and indirect costs to and between programs, cost centers, services, and funding sources in
28 accordance with such requirements and consistent with prudent business practice, which costs and
29 allocations shall be supported by source documentation maintained by CONTRACTOR, and available at
30 any time to ADMINISTRATOR upon reasonable notice. In the event CONTRACTOR has multiple
31 Contracts for mental health services that are administered by HCA, consolidation of the individual Cost
32 Reports into a single consolidated Cost Report may be required, as stipulated by ADMINISTRATOR.
33 CONTRACTOR shall submit the consolidated Cost Report to COUNTY no later than five (5) business
34 days following approval by ADMINISTRATOR of all individual Cost Reports to be incorporated into a
35 consolidated Cost Report.
36

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

4 a. CONTRACTOR may be assessed a late penalty of five hundred dollars (\$500) for each
5 business day after the above specified due date that the accurate and complete Cost Report is not
6 submitted. Imposition of the late penalty shall be at the sole discretion of ADMINISTRATOR. The late
7 penalty shall be assessed separately on each outstanding Cost Report due COUNTY by
8 CONTRACTOR.

9 b. ADMINISTRATOR may withhold or delay any or all payments due CONTRACTOR
10 pursuant to any or all Contracts between COUNTY and CONTRACTOR until such time that the
11 accurate and complete Cost Report is delivered to ADMINISTRATOR.

12 2. CONTRACTOR may request, in advance and in writing, an extension of the due date of the
13 Cost Report setting forth good cause for justification of the request. Approval of such requests shall be
14 at the sole discretion of ADMINISTRATOR and shall not be unreasonably denied. In no case shall
15 extensions be granted for more than seven (7) calendar days.

16 3. In the event that CONTRACTOR does not submit an accurate and complete Cost Report
17 within one hundred and eighty (180) calendar days following the termination of this Contract, and
18 CONTRACTOR has not entered into a subsequent or new Contract for any other services with
19 COUNTY, then all amounts paid to CONTRACTOR by COUNTY during the term of the Contract shall
20 be immediately reimbursed to COUNTY.

21 B. The individual and/or consolidated Cost Report prepared for each period shall be the final
22 financial and statistical report submitted by CONTRACTOR to COUNTY, and shall serve as the basis
23 for final settlement to CONTRACTOR for that period. CONTRACTOR shall document that costs are
24 reasonable and allowable and directly or indirectly related to the services to be provided hereunder. The
25 Cost Report shall be the final financial record for subsequent audits, if any.

26 C. Final settlement shall be based upon the actual and reimbursable costs for services hereunder,
27 less applicable revenues and any late penalty, not to exceed the negotiated rate as specified in the
28 Contract. CONTRACTOR shall not claim expenditures to COUNTY which are not reimbursable
29 pursuant to applicable federal, state and COUNTY laws, regulations, and requirements. Any payment
30 made by COUNTY to CONTRACTOR, which is subsequently determined to have been for an
31 unreimbursable expenditure or service, shall be repaid by CONTRACTOR to COUNTY in cash, or
32 other authorized form of payment, within thirty (30) calendar days of submission of the Cost Report or
33 COUNTY may elect to reduce any amount owed CONTRACTOR by an amount not to exceed the
34 reimbursement due COUNTY.

35 D. Costs of Medi-Cal services shall not exceed the negotiated rate as specified in this Contract.

36 E. If the Cost Report indicates the actual and reimbursable costs of services provided pursuant to
37 this Contract, less applicable revenues and any late penalty, are higher than the aggregate of interim

1 monthly payments to CONTRACTOR, then COUNTY shall pay CONTRACTOR the difference,
2 provided such payment does not exceed the COUNTY's Total Aggregate Amount Not To Exceed and
3 separate non-Medi-Cal Aggregate Amount Not To Exceed and Aggregate Medi-Cal Amount Not To
4 Exceed.

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

7
8 "I HEREBY CERTIFY that I have executed the accompanying Cost Report and
9 supporting documentation prepared by _____ for the cost report period
10 beginning _____ and ending _____ and that, to the best of my
11 knowledge and belief, costs reimbursed through this Contract are reasonable and
12 allowable and directly or indirectly related to the services provided and that this Cost
13 Report is a true, correct, and complete statement from the books and records of
14 (provider name) in accordance with applicable instructions, except as noted. I also
15 hereby certify that I have the authority to execute the accompanying Cost Report.

16
17 Signed _____
18 Name _____
19 Title _____
20 Date _____"

21
22 **IX. DEBARMENT AND SUSPENSION CERTIFICATION**

23 A. CONTRACTOR certifies that it and its principals:

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

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

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

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

37 5. Shall not knowingly enter into any lower tier covered transaction with a person who is

1 proposed for debarment under federal regulations (i.e., 48 CFR Part 9, Subpart 9.4), debarred,
2 suspended, declared ineligible, or voluntarily excluded from participation in such transaction unless
3 authorized by the State of California.

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

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

10 **X. DELEGATION, ASSIGNMENT, AND SUBCONTRACTS**

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

16 B. CONTRACTOR agrees that if there is a change or transfer in ownership of CONTRACTOR's
17 business prior to completion of this Contract, and COUNTY agrees to an assignment of the Contract, the
18 new owners shall be required under the terms of sale or other instruments of transfer to assume
19 CONTRACTOR's duties and obligations contained in this Contract and complete them to the
20 satisfaction of COUNTY. CONTRACTOR may not assign the rights hereunder, either in whole or in
21 part, without the prior written consent of COUNTY.

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

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

34 3. If CONTRACTOR is a governmental organization, any change to another structure,
35 including a change in more than fifty percent (50%) of the composition of its governing body (i.e. Board
36 of Supervisors, City Council, School Board) within a two (2) month period of time, shall be deemed an
37

1 assignment for purposes of this paragraph. Any attempted assignment or delegation in derogation of
2 this subparagraph shall be void.

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

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

11 6. COUNTY reserves the right to immediately terminate the Contract in the event COUNTY
12 determines, in its sole discretion, that the assignee is not qualified or is otherwise unacceptable to
13 COUNTY for the provision of services under the Contract.

14 C. CONTRACTOR's obligations undertaken pursuant to this Contract may be carried out by
15 means of subcontracts, provided such subcontractors are approved in advance by ADMINISTRATOR,
16 meet the requirements of this Contract as they relate to the service or activity under subcontract, include
17 any provisions that ADMINISTRATOR may require, and are authorized in writing by
18 ADMINISTRATOR prior to the beginning of service delivery.

19 1. After approval of the subcontractor, ADMINISTRATOR may revoke the approval of the
20 subcontractor upon five (5) calendar days' written notice to CONTRACTOR if the subcontractor
21 subsequently fails to meet the requirements of this Contract or any provisions that ADMINISTRATOR
22 has required. ADMINISTRATOR may disallow subcontractor expenses reported by CONTRACTOR.

23 2. No subcontract shall terminate or alter the responsibilities of CONTRACTOR to COUNTY
24 pursuant to this Contract.

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

27 4. This provision shall not be applicable to service Contracts usually and customarily entered
28 into by CONTRACTOR to obtain or arrange for supplies, technical support, and professional services
29 provided by consultants.

30 D. CONTRACTOR shall notify COUNTY in writing of any change in CONTRACTOR's status
31 with respect to name changes that do not require an assignment of the Contract. CONTRACTOR is also
32 obligated to notify COUNTY in writing if CONTRACTOR becomes a party to any litigation against
33 COUNTY, or a party to litigation that may reasonably affect CONTRACTOR's performance under the
34 Contract, as well as any potential conflicts of interest between CONTRACTOR and COUNTY that may
35 arise prior to or during the period of Contract performance. While CONTRACTOR will be required to
36 provide this information without prompting from COUNTY any time there is a change in
37 //

1 CONTRACTOR's name, conflict of interest or litigation status, CONTRACTOR must also provide an
2 update to COUNTY of its status in these areas whenever requested by COUNTY.

3 4 **XI. DISPUTE RESOLUTION**

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

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

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

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

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

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

33 34 **XII. EMPLOYEE ELIGIBILITY VERIFICATION**

35 CONTRACTOR attests that it shall fully comply with all federal and state statutes and regulations
36 regarding the employment of aliens and others and to ensure that employees, subcontractors, and
37 consultants performing work under this Contract meet the citizenship or alien status requirements set

1 | forth in federal statutes and regulations. CONTRACTOR shall obtain, from all employees,
2 | subcontractors, and consultants performing work hereunder, all verification and other documentation of
3 | employment eligibility status required by federal or state statutes and regulations including, but not
4 | limited to, the Immigration Reform and Control Act of 1986, 8 USC §1324 et seq., as they currently
5 | exist and as they may be hereafter amended. CONTRACTOR shall retain all such documentation for all
6 | covered employees, subcontractors, and consultants for the period prescribed by the law.

8 | **XIII. EQUIPMENT**

9 | A. Unless otherwise specified in writing by ADMINISTRATOR, Equipment is defined as all
10 | property of a Relatively Permanent nature with significant value, purchased in whole or in part by
11 | ADMINISTRATOR to assist in performing the services described in this Contract. “Relatively
12 | Permanent” is defined as having a useful life of one (1) year or longer. Equipment which costs \$5,000
13 | or over, including freight charges, sales taxes, and other taxes, and installation costs are defined as
14 | Capital Assets. Equipment which costs between \$600 and \$5,000, including freight charges, sales taxes
15 | and other taxes, and installation costs, or electronic equipment that costs less than \$600 but may
16 | contained PHI or PII, are defined as Controlled Equipment. Controlled Equipment includes, but is not
17 | limited to phones, tablets, audio/visual equipment, computer equipment, and lab equipment. The cost of
18 | Equipment purchased, in whole or in part, with funds paid pursuant to this Contract shall be depreciated
19 | according to GAAP.

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

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

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

35 | E. CONTRACTOR shall cooperate with ADMINISTRATOR in conducting periodic physical
36 | inventories of all Equipment. Upon demand by ADMINISTRATOR, CONTRACTOR shall return any
37 | or all Equipment to COUNTY.

1 F. CONTRACTOR must report any loss or theft of Equipment in accordance with the procedure
 2 approved by ADMINISTRATOR and the Notices Paragraph of this Contract. In addition,
 3 CONTRACTOR must complete and submit to ADMINISTRATOR a notification form when items of
 4 Equipment are moved from one location to another or returned to COUNTY as surplus.

5 G. Unless this Contract is followed without interruption by another Contract between the Parties
 6 for substantially the same type and scope of services, at the termination of this Contract for
 7 any cause, CONTRACTOR shall return to COUNTY all Equipment purchased with funds paid through
 8 this Contract.

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

11
 12 **XIV. FACILITIES, PAYMENTS AND SERVICES**

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

18
 19 **XV. INDEMNIFICATION AND INSURANCE**

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

30 B. Prior to the provision of services under this Contract, CONTRACTOR agrees to purchase all
 31 required insurance at CONTRACTOR’s expense, including all endorsements required herein, necessary
 32 to satisfy COUNTY that the insurance provisions of this Contract have been complied with.
 33 CONTRACTOR agrees to keep such insurance coverage, Certificates of Insurance (COI), and
 34 endorsements on deposit with COUNTY during the entire term of this Contract. In addition, all
 35 subcontractors performing work on behalf of CONTRACTOR pursuant to this Contract shall obtain
 36 insurance subject to the same terms and conditions as set forth herein for CONTRACTOR.

37 //

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

10 D. All SIRs shall be clearly stated on the COI. Any SIR in an amount in excess of fifty thousand
 11 dollars (\$50,000) shall specifically be approved by the CEO/Office of Risk Management upon review of
 12 CONTRACTOR’s current audited financial report. If CONTRACTOR’s SIR is approved,
 13 CONTRACTOR, in addition to, and without limitation of, any other indemnity provision(s) in this
 14 Contract, agrees to all of the following:

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

19 2. CONTRACTOR’s duty to defend, as stated above, shall be absolute and irrespective of any
 20 duty to indemnify or hold harmless; and

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

24 E. If CONTRACTOR fails to maintain insurance acceptable to COUNTY for the full term of this
 25 Contract, COUNTY may terminate this Contract.

26 F. QUALIFIED INSURER

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

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

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

37 //

<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 (4 passengers or less)	\$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

21 **H. REQUIRED COVERAGE FORMS**

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

24 2. The Business Automobile Liability coverage shall be written on ISO form CA 00 01, CA
25 00 05, CA 00 12, CA 00 20, or a substitute form providing coverage at least as broad.

26 **I. REQUIRED ENDORSEMENTS**

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

29 a. An Additional Insured endorsement using ISO form CG 20 26 04 13 or a form at least
30 as broad naming the County of Orange, its elected and appointed officials, officers, agents and
31 employees as Additional Insureds, or provide blanket coverage, which shall state AS REQUIRED BY
32 WRITTEN CONTRACT.

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

36 2. The Network Security and Privacy Liability policy shall contain the following
37 endorsements, which shall accompany the COI:

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

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

6 J. The Workers' Compensation policy shall contain a waiver of subrogation endorsement waiving
7 all rights of subrogation against the County of Orange, its elected and appointed officials, officers,
8 agents and employees, or provide blanket coverage, which shall state AS REQUIRED BY WRITTEN
9 CONTRACT.

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

13 L. CONTRACTOR shall notify COUNTY in writing within thirty (30) days of any policy
14 cancellation and within ten (10) days for non-payment of premium and provide a copy of the
15 cancellation notice to COUNTY. Failure to provide written notice of cancellation shall constitute a
16 breach of CONTRACTOR's obligation hereunder and ground for COUNTY to suspend or terminate
17 this Contract.

18 M. If CONTRACTOR's Professional Liability, and/or Network Security & Privacy Liability are
19 "Claims -Made" policies, CONTRACTOR shall agree to maintain coverage for two (2) years following
20 the completion of the Contract.

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

23 O. COUNTY expressly retains the right to require CONTRACTOR to increase or decrease
24 insurance of any of the above insurance types throughout the term of this Contract. Any increase or
25 decrease in insurance will be as deemed by County of Orange Risk Manager as appropriate to
26 adequately protect COUNTY.

27 P. COUNTY shall notify CONTRACTOR in writing of changes in the insurance requirements. If
28 CONTRACTOR does not deposit copies of acceptable COI and endorsements with COUNTY
29 incorporating such changes within thirty (30) calendar days of receipt of such notice, this Contract may
30 be in breach without further notice to CONTRACTOR, and COUNTY shall be entitled to all legal
31 remedies.

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

35 R. SUBMISSION OF INSURANCE DOCUMENTS

36 1. The COI and endorsements shall be provided to COUNTY as follows:

37 a. Prior to the start date of this Contract.

1 b. No later than the expiration date for each policy.

2 c. Within thirty (30) calendar days upon receipt of written notice by COUNTY regarding
3 changes to any of the insurance requirements as set forth in the Coverage Subparagraph above.

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

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

9 a. ADMINISTRATOR may withhold or delay any or all payments due CONTRACTOR
10 pursuant to any and all Contracts between COUNTY and CONTRACTOR until such time that the
11 required COI and endorsements that meet the insurance provisions stipulated in this Contract are
12 submitted to ADMINISTRATOR.

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

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

19 4. In no cases shall assurances by CONTRACTOR, its employees, agents, including any
20 insurance agent, be construed as adequate evidence of insurance. COUNTY will only accept valid COIs
21 and endorsements, or in the interim, an insurance binder as adequate evidence of insurance coverage.
22

23 **XVI. INSPECTIONS AND AUDITS**

24 A. ADMINISTRATOR, any authorized representative of COUNTY, any authorized representative
25 of the State of California, the Secretary of the United States Department of Health and Human Services,
26 the Comptroller General of the United States, or any other of their authorized representatives, shall to
27 the extent permissible under applicable law have access to any books, documents, and records, including
28 but not limited to, financial statements, general ledgers, relevant accounting systems, medical and Client
29 records, of CONTRACTOR that are directly pertinent to this Contract, for the purpose of responding to
30 a beneficiary complaint or conducting an audit, review, evaluation, or examination, or making
31 transcripts during the periods of retention set forth in the Records Management and Maintenance
32 Paragraph of this Contract. Such persons may at all reasonable times inspect or otherwise evaluate the
33 services provided pursuant to this Contract, and the premises in which they are provided.

34 B. CONTRACTOR shall actively participate and cooperate with any person specified in
35 Subparagraph A. above in any evaluation or monitoring of the services provided pursuant to this
36 Contract, and shall provide the above-mentioned persons adequate office space to conduct such
37 evaluation or monitoring.

1 C. AUDIT RESPONSE

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

7 2. If the audit reveals that money is payable from one Party to the other, that is,
8 reimbursement by CONTRACTOR to COUNTY, or payment of sums due from COUNTY to
9 CONTRACTOR, said funds shall be due and payable from one Party to the other within sixty (60)
10 calendar days of receipt of the audit results. If reimbursement is due from CONTRACTOR to
11 COUNTY, and such reimbursement is not received within said sixty (60) calendar days, COUNTY may,
12 in addition to any other remedies provided by law, reduce any amount owed CONTRACTOR by an
13 amount not to exceed the reimbursement due COUNTY.

14 D. CONTRACTOR shall retain a licensed certified public accountant, who shall prepare an
15 annual Single Audit as required by 31 USC 7501 – 7507, as well as its implementing regulations under
16 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for
17 Federal Awards. CONTRACTOR shall forward the Single Audit to ADMINISTRATOR within
18 fourteen (14) calendar days of receipt.

19 E. ADMINISTRATOR shall inform providers and CONTRACTOR, at the time they enter into a
20 contract, of the following:

21 1. Beneficiary grievance, appeal, and fair hearing procedures and timeframes as specified in
22 42 C.F.R. 438.400 through 42 C.F.R. 438.424.

23 2. The beneficiary's right to file grievances and appeals and the requirements and timeframes
24 for filing.

25 3. The availability of assistance to the beneficiary with filing grievances and appeals.

26 4. The beneficiary's right to request continuation of benefits that ADMINISTRATOR seeks to
27 reduce or terminate during an appeal or state fair hearing filing, if filed within the allowable timeframes,
28 although the beneficiary may be liable for the cost of any continued benefits while the appeal or state
29 fair hearing is pending if the final decision is adverse to the beneficiary.

30 5. The conduction of random reviews to ensure beneficiaries are being notified in a timely
31 manner.

32 F. CONTRACTOR shall make all of its premises, physical facilities, equipment, books, records,
33 documents, contracts, computers, or other electronic systems pertaining to Medi-Cal/Drug Medi-Cal
34 enrollees, Medi-Cal/Drug Medi-Cal-related activities, services and activities furnished under the terms
35 of the Contract or determinations of amounts payable available at any time for inspection, examination
36 of copying by the State, CMS, HHS Inspector General, the Unites States Comptroller General, their
37 designees, and other authorized federal and state agencies. (42 CFR §438.3(h)). This audit right shall

1 exist for ten (10) years from the final date of the contract period or from the date of completion of any
2 audit, whichever is later. (42 CFR §438.230(c)(3)(iii).) The State, CMS, or the HHS Inspector General
3 may inspect, evaluate, and audit CONTRACTOR at any time if there is a reasonable possibility of fraud
4 or similar risk. (42 CFR §438.230(c)(3)(iv).)

6 **XVII. LICENSES AND LAWS**

7 A. CONTRACTOR, its officers, agents, employees, affiliates, and subcontractors shall, throughout
8 the term of this Contract, maintain all necessary licenses, permits, approvals, certificates, accreditations,
9 waivers, and exemptions necessary for the provision of the services hereunder and required by the laws,
10 regulations and requirements of the United States, the State of California, COUNTY, and all other
11 applicable governmental agencies. CONTRACTOR shall notify ADMINISTRATOR immediately and
12 in writing of its inability to obtain or maintain, irrespective of the pendency of any hearings or appeals,
13 permits, licenses, approvals, certificates, accreditations, waivers and exemptions. Said inability shall be
14 cause for termination of this Contract. In addition, all treatment providers will be certified by the State
15 Department of Health Care Services as a Drug Medi-Cal provider and must meet any additional
16 requirements established by COUNTY as part of this certification

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

- 20 1. ARRA of 2009.
- 21 2. Trafficking Victims Protection Act of 2000.
- 22 3. CCC §§56 through 56.37, Confidentiality of Medical Information.
- 23 4. CCC §§1798.80 through 1798.84, Customer Records.
- 24 5. CCC §1798.85, Confidentiality of Social Security Numbers.
- 25 6. CCR, Title 9, Rehabilitative and Developmental Services, Division 4; and Title 22 Social
26 Security.
- 27 7. HSC, Divisions 10.5 Alcohol and Drug Programs and 10.6. Drug and Alcohol Abuse
28 Master Plans.
- 29 8. HSC, §§123110 through 123149.5, Patient Access to Health Records.
- 30 9. Code of Federal Regulations, Title 42, Public Health.
- 31 10. 2 CFR 230, Cost Principles for Nonprofit Organizations.
- 32 11. 2 CFR 376, Nonprocurement, Debarment and Suspension.
- 33 12. 41 CFR 50, Public Contracts and Property Management.
- 34 13. 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records.
- 35 14. 42 CFR 54, Charitable choice regulations applicable to states receiving substance abuse
36 prevention and treatment block grants and/or projects for assistance in transition from homelessness
37 grants.

- 1 15. 45 CFR 93, New Restrictions on Lobbying.
- 2 16. 45 CFR 96.127, Requirements regarding Tuberculosis.
- 3 17. 45 CFR 96.132, Additional Contracts.
- 4 18. 45 CFR 96.135, Restrictions on Expenditure of Grant.
- 5 19. 45 CFR 160, General Administrative Requirements.
- 6 20. 45 CFR 162, Administrative Requirements.
- 7 21. 45 CFR 164, Security and Privacy.
- 8 22. 48 CFR 9.4, Debarment, Suspension, and Ineligibility.
- 9 23. 8 USC §1324 et seq., Immigration Reform and Control Act of 1986.
- 10 24. 31 USC §1352, Limitation on Use of Appropriated Funds to Influence Certain Federal
- 11 Contracting and Financial Transactions.
- 12 25. 42 USC §§285n through 285o, National Institute on Alcohol Abuse and Alcoholism.
- 13 26. 42 USC §§290aa through 290kk-3, Substance Abuse and Mental Health Services
- 14 Administration.
- 15 27. 42 USC §290dd-2, Confidentiality of Records.
- 16 28. 42 USC §1320(a), Uniform reporting systems for health services facilities and
- 17 organizations.
- 18 29. 42 USC §§1320d through 1320d-9, Administrative Simplification.
- 19 30. 42 USC §12101 et seq., The Americans with Disabilities Act of 1990 as amended.
- 20 31. 42 USC §6101 et seq., Age Discrimination Act of 1975.
- 21 32. 42 USC §2000d, Civil Rights Act of 1964.
- 22 33. 31 USC 7501 – 7507, as well as its implementing regulations under 2 CFR Part 200,
- 23 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
- 24 34. U.S. Department of Health and Human Services, National Institutes of Health (NIH),
- 25 Grants Policy Statement (10/13).
- 26 35. Fact Sheet Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for Co-
- 27 Occurring Disorders, Mental Health Services Oversight and Accountability Commission, 1/17/08.
- 28 36. State of California, Department of Health Care Services (DHCS), Alcohol and/or Other
- 29 Drug Program Certification Standards, December 2020.
- 30 37. CCR Title 22, §§70751(c), 71551(c), 73543(a), 74731(d), 75055(a), 75343(a), and
- 31 77143(a).
- 32 38. State of California, Department of Health Care Services ASRS Manual.
- 33 39. State of California, Department of Health Care Services DPFS Manual.
- 34 40. HSC §123145.
- 35 41. Title 45 CFR, §164.501; §164.524; §164.526; §164.530(c) and (j).
- 36 42. 5 USC §7321 – §7326, Political Activities (Hatch Act)
- 37 43. DMC Certification Title 22, California Code of Regulations (CCR).

- 1 44. DMC Billing Manual April 2019.
- 2 45. Federal Medicare Cost reimbursement principles and cost reporting standards.
- 3 46. Orange County Drug Medi-Cal Organized Delivery System Managed Care Plan
- 4 47. California Bridge to Health Reform DMC-ODS Waiver, Standard Terms and Conditions,
- 5 August 2015, and subsequent versions.
- 6 48. Title 21, CFR Part 1300, et seq., Title 42, CFR, Part 8.
- 7 49. California Code of Regulations (CCR), Title 22, Section 51341.1; 51490.1; 51516.1 and the
- 8 Drug Medi-Cal Certification Standards for Substance Abuse Clinics.
- 9 50. Title 22, CCR, Sections 51341.1, 51490.1, and 51516.1.
- 10 51. Standards for Drug Treatment Programs (October 21, 1981).
- 11 52. Title 9, CCR, Division 4, Chapter 5, Subchapter 1, Sections 10000, et seq.
- 12 53. Title 22, CCR, Division 3, Chapter 3, sections 51000 et. seq.
- 13 54. Title 9, CCR, Section 1810.435.
- 14 55. Title 9, CCR, Section 1840.105.
- 15 56. Title 22, CCR, §51009, Confidentiality of Records.
- 16 57. California Welfare and Institutions Code, §14100.2, Medicaid Confidentiality.

17

18 **XVIII. LITERATURE, ADVERTISEMENTS, AND SOCIAL MEDIA**

19 A. Any written information or literature, including educational or promotional materials,

20 distributed by CONTRACTOR to any person or organization for purposes directly or indirectly related

21 to this Contract must be approved at least thirty (30) calendar days in advance and in writing by

22 ADMINISTRATOR before distribution. For the purposes of this Contract, distribution of written

23 materials shall include, but not be limited to, pamphlets, brochures, flyers, newspaper or magazine ads,

24 and electronic media such as the Internet.

25 B. Any advertisement through radio, television broadcast, or the Internet, for educational or

26 promotional purposes, made by CONTRACTOR for purposes directly or indirectly related to this

27 Contract must be approved in advance at least thirty (30) calendar days and in writing by

28 ADMINISTRATOR.

29 C. If CONTRACTOR uses social media (such as Facebook, Twitter, YouTube or other publicly

30 available social media sites) in support of the services described within this Contract, CONTRACTOR

31 shall develop social media policies and procedures and have them available to ADMINISTRATOR

32 upon reasonable notice. CONTRACTOR shall inform ADMINISTRATOR of all forms of social media

33 used to either directly or indirectly support the services described within this Contract. CONTRACTOR

34 shall comply with COUNTY Social Media Use Policy and Procedures as they pertain to any social

35 media developed in support of the services described within this Contract. CONTRACTOR shall also

36 include any required funding statement information on social media when required by

37 ADMINISTRATOR.

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

3 E. CONTRACTOR shall also clearly explain through these materials that there shall be no
4 unlawful use of drugs or alcohol associated with the services provided pursuant to this Contract, as
5 specified in HSC, §11999-11999.3.

6 7 **XIX. AMOUNT NOT TO EXCEED/MAXIMUM OBLIGATION**

8 A. The Total Aggregate Amount Not To Exceed of COUNTY for services provided in accordance
9 with this Contract, and the separate Aggregate Amount Not To Exceed for each period under this
10 Contract, are as specified in the Referenced Contract Provisions of this Contract, except as allowed for
11 in Subparagraph B. below.

12 B. ADMINISTRATOR may amend the Aggregate Amount Not To Exceed by an amount not to
13 exceed ten percent (10%) of Period One funding for this Contract.

14 15 **XX. MINIMUM WAGE LAWS**

16 A. Pursuant to the United States of America Fair Labor Standards Act of 1938, as amended, and
17 State of California Labor Code, §1178.5, CONTRACTOR shall pay no less than the greater of the
18 federal or California Minimum Wage to all its Covered Individuals (as defined within the “Compliance”
19 paragraph of this Contract) that directly or indirectly provide services pursuant to this Contract, in any
20 manner whatsoever. CONTRACTOR shall require and verify that all of its Covered Individuals
21 providing services pursuant to this Contract be paid no less than the greater of the federal or California
22 Minimum Wage.

23 B. CONTRACTOR shall comply and verify that its Covered Individuals comply with all other
24 federal and State of California laws for minimum wage, overtime pay, record keeping, and child labor
25 standards pursuant to providing services pursuant to this Contract.

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

30 31 **XXI. NONDISCRIMINATION**

32 **A. EMPLOYMENT**

33 1. During the term of this Contract, CONTRACTOR and its Covered Individuals (as defined
34 in the “Compliance” paragraph of this Contract) shall not unlawfully discriminate against any employee
35 or applicant for employment because of his/her race, religious creed, color, national origin, ancestry,
36 physical disability, mental disability, medical condition, genetic information, marital status, sex, gender,
37 gender identity, gender expression, age, sexual orientation, or military and veteran status. Additionally,

1 during the term of this Contract, CONTRACTOR and its Covered Individuals shall require in its
2 subcontracts that subcontractors shall not unlawfully discriminate against any employee or applicant for
3 employment because of his/her race, religious creed, color, national origin, ancestry, physical disability,
4 mental disability, medical condition, genetic information, marital status, sex, gender, gender identity,
5 gender expression, age, sexual orientation, or military and veteran status.

6 2. CONTRACTOR and its Covered Individuals shall not discriminate against employees or
7 applicants for employment in the areas of employment, promotion, demotion or transfer; recruitment or
8 recruitment advertising, layoff or termination; rate of pay or other forms of compensation; and selection
9 for training, including apprenticeship.

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

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

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

22 6. Each labor union or representative of workers with which CONTRACTOR and/or
23 subcontractor has a collective bargaining Contract or other contract or understanding must post a notice
24 advising the labor union or workers' representative of the commitments under this Nondiscrimination
25 Paragraph and shall post copies of the notice in conspicuous places, available to employees and
26 applicants for employment.

27 B. SERVICES, BENEFITS AND FACILITIES – CONTRACTOR and/or subcontractor shall not
28 discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities
29 on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental
30 disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender
31 expression, age, sexual orientation, or military and veteran status in accordance with Title IX of the
32 Education Amendments of 1972 as they relate to 20 USC §1681 - §1688; Title VI of the Civil Rights
33 Act of 1964 (42 USC §2000d); the Age Discrimination Act of 1975 (42 USC §6101); Title 9, Division
34 4, Chapter 6, Article 1 (§10800, et seq.) of the CCR; and Title II of the Genetic Information
35 Nondiscrimination Act of 2008, 42 USC 2000ff, et seq. as applicable, and all other pertinent rules and
36 regulations promulgated pursuant thereto, and as otherwise provided by state law and regulations, as all
37 may now exist or be hereafter amended or changed. For the purpose of this Nondiscrimination

1 paragraph, discrimination includes, but is not limited to the following based on one or more of the
2 factors identified above:

- 3 1. Denying a Client or potential Client any service, benefit, or accommodation.
- 4 2. Providing any service or benefit to a Client which is different or is provided in a different
5 manner or at a different time from that provided to other Clients.
- 6 3. Restricting a Client in any way in the enjoyment of any advantage or privilege enjoyed by
7 others receiving any service and/or benefit.
- 8 4. Treating a Client differently from others in satisfying any admission requirement or
9 condition, or eligibility requirement or condition, which individuals must meet in order to be provided
10 any service and/or benefit.
- 11 5. Assignment of times or places for the provision of services.

12 C. COMPLAINT PROCESS – CONTRACTOR shall establish procedures for advising all Clients
13 through a written statement that CONTRACTOR’s and/or subcontractor’s Clients may file all
14 complaints alleging discrimination in the delivery of services with CONTRACTOR, subcontractor, and
15 ADMINISTRATOR or the U.S. Department of Health and Human Services’ OCR.

16 1. Whenever possible, problems shall be resolved at the point of service. CONTRACTOR
17 shall establish an internal problem resolution process for Clients not able to resolve such problems at the
18 point of service. Clients may initiate a grievance or complaint directly with CONTRACTOR either
19 orally or in writing.

20 a. COUNTY shall establish a formal resolution and grievance process in the event
21 grievance is not able to be resolved at point of service.

22 2. Within the time limits procedurally imposed, the complainant shall be notified in writing as
23 to the findings regarding the alleged complaint and, if not satisfied with the decision, has the right to
24 request a State Fair Hearing.

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

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

37 //

1 F. In the event of non-compliance with this paragraph or as otherwise provided by federal and
2 state law, this Contract may be canceled, terminated or suspended in whole or in part and
3 CONTRACTOR or subcontractor may be declared ineligible for further contracts involving federal,
4 state or COUNTY funds.

5
6 **XXII. NOTICES**

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

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

12 2. When faxed, transmission confirmed;

13 3. When sent by Email; or

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

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

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

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

26
27 **XXIII. NOTIFICATION OF DEATH**

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

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

33 1. TELEPHONE NOTIFICATION – CONTRACTOR shall notify ADMINISTRATOR by
34 telephone immediately upon becoming aware of the death due to non-terminal illness of any person
35 served pursuant to this Contract; notice need only be given during normal business hours.

36 2. WRITTEN NOTIFICATION

37 //

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

4 b. TERMINAL ILLNESS – CONTRACTOR shall notify ADMINISTRATOR by written
5 report hand delivered, faxed, sent via encrypted email, within forty-eight (48) hours of becoming aware
6 of the death due to terminal illness of any person served pursuant to this Contract.

7 c. When notification via encrypted email is not possible or practical CONTRACTOR may
8 hand deliver or fax to a known number said notification.

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

13 D. All death reports must be verified by the coroner’s office. The information should include date
14 of the death as well as the cause of death.

15
16 **XXIV. NOTIFICATION OF PUBLIC EVENTS AND MEETINGS**

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

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

24
25 **XXV. RECORDS MANAGEMENT AND MAINTENANCE**

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

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

32 2. CONTRACTOR shall keep and maintain records of each service rendered to each MSN
33 Patient, the identity of the MSN Patient to whom the service was rendered, the date the service was
34 rendered, and such additional information as ADMINISTRATOR or DHCS may require.

35 3. CONTRACTOR shall maintain books, records, documents, accounting procedures and
36 practices, and other evidence sufficient to reflect properly all direct and indirect cost of whatever nature
37 //

1 | claimed to have been incurred in the performance of this Contract and in accordance with Medicare
2 | principles of reimbursement and GAAP.

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

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

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

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

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

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

25 | G. CONTRACTOR shall notify ADMINISTRATOR of any PRA requests related to, or arising out
26 | of, this Contract, within forty-eight (48) hours. CONTRACTOR shall provide ADMINISTRATOR all
27 | information that is requested by the PRA request.

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

32 | 1. The medical records and billing records about individuals maintained by or for a covered
33 | health care provider;

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

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

37 | //

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

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

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

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

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

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

17 L. CONTRACTOR shall obtain an NPI for each site identified as a location for providing
 18 contractual services. Provider's site NPIs must be submitted to ADMINISTRATOR prior to rendering
 19 services to Clients. CONTRACTOR providing direct or indirect services for State reporting must also
 20 submit rendering (individual) provider NPIs to ADMINISTRATOR for each staff member providing
 21 Medi-Cal billable services. CONTRACTOR reimbursement will not be processed unless NPIs are on
 22 file with ADMINISTRATOR in advance of providing services to Clients. It is the responsibility of each
 23 contract provider site and individual staff member that bills Medi-Cal to obtain an NPI from the
 24 NPPES. Each contract site, as well as every staff member that provides billable services, is responsible
 25 for notifying the NPPES within thirty (30) calendar days of any updates to personal information, which
 26 may include, but is not limited to, worksite address, name changes, taxonomy code changes, etc.

27 28 **XXVI. RESEARCH AND PUBLICATION**

29 CONTRACTOR shall not utilize information and/or data received from COUNTY, or arising out
 30 of, or developed, as a result of this Contract for the purpose of personal or professional research, or for
 31 publication.

32 33 **XXVII. REVENUE**

34 A. CLIENT FEES – CONTRACTOR shall not charge a fee to DMC beneficiaries to whom
 35 services are provided pursuant to this Contract, their estates and/or responsible relatives, unless a Share
 36 of Cost is determined per Medi-Cal eligibility.

37 //

1 B. THIRD-PARTY REVENUE – CONTRACTOR shall make every reasonable effort to obtain all
 2 available third-party reimbursement for which persons served pursuant to this Contract may be
 3 eligible. Charges to insurance carriers shall be on the basis of CONTRACTOR’s usual and customary
 4 charges. An Assignment of Benefits must be present in a Participant’s file when applicable.

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

11 **XXVIII. SEVERABILITY**

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

18 **XXIX. SPECIAL PROVISIONS**

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

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

1 9. Paying rent and/or lease costs for a facility prior to the facility meeting all required building
2 codes and obtaining all necessary building permits for any associated construction.

3 10. Purchasing or improving land, including constructing or permanently improving any
4 building or facility, except for tenant improvements.

5 11. Satisfying any expenditure of non-federal funds as a condition for the receipt of federal
6 funds (matching).

7 12. Contracting or subcontracting with any entity other than an individual or nonprofit entity.

8 13. Producing any information that promotes responsible use, if the use is unlawful, of drugs or
9 alcohol.

10 14. Promoting the legalization of any drug or other substance included in Schedule 1 of the
11 Controlled Substance Act (21 USC 812).

12 15. Distributing or aiding in the distribution of sterile needles or syringes for the hypodermic
13 injection of any illegal drug.

14 16. Assisting, promoting, or deterring union organizing.

15 17. Providing inpatient hospital services or purchasing major medical equipment.

16 B. Unless otherwise specified in advance and in writing by ADMINISTRATOR, CONTRACTOR
17 shall not use the funds provided by means of this Contract for the following purposes:

18 1. Funding travel or training (excluding mileage or parking).

19 2. Making phone calls outside of the local area unless documented to be directly for the
20 purpose of client care.

21 3. Payment for grant writing, consultants, certified public accounting, or legal services.

22 4. Purchase of artwork or other items that are for decorative purposes and do not directly
23 contribute to the quality of services to be provided pursuant to this Contract.

24 5. Purchase of gifts, meals, entertainment, awards, or other personal expenses for
25 CONTRACTOR's clients.

26 C. Neither Party shall be responsible for delays or failures in performance resulting from acts
27 beyond the control of the affected Party. Such acts shall include, but not be limited to, acts of God, fire,
28 flood, earthquake, other natural disaster, nuclear accident, strike, lockout, riot, freight, embargo, public
29 related utility, or governmental statutes or regulations imposed after the fact.

30
31 **XXX. STATUS OF CONTRACTOR**

32 CONTRACTOR is, and shall at all times be deemed to be, an independent contractor and shall be
33 wholly responsible for the manner in which it performs the services required of it by the terms of this
34 Contract. CONTRACTOR is entirely responsible for compensating staff, subcontractors, and
35 consultants employed by CONTRACTOR. This Contract shall not be construed as creating the
36 relationship of employer and employee, or principal and agent, between COUNTY and CONTRACTOR
37 or any of CONTRACTOR's employees, agents, consultants, or subcontractors. CONTRACTOR

1 assumes exclusively the responsibility for the acts of its employees, agents, consultants, or
2 subcontractors as they relate to the services to be provided during the course and scope of their
3 employment. CONTRACTOR, its agents, employees, consultants, or subcontractors, shall not be
4 entitled to any rights or privileges of COUNTY's employees and shall not be considered in any manner
5 to be COUNTY's employees.

6 7 **XXXI. TERM**

8 A. This specific Contract with CONTRACTOR is only one of several Contracts to which the term
9 of this Contract applies. This specific Contract shall commence as specified in the Referenced Contract
10 Provisions of this Contract or the execution date, whichever is later. This specific Contract shall
11 terminate as specified in the Referenced Contract Provisions of this Contract, unless otherwise sooner
12 terminated as provided in this Contract; provided, however, CONTRACTOR shall be obligated to
13 perform such duties as would normally extend beyond this term, including but not limited to, obligations
14 with respect to confidentiality, indemnification, audits, reporting and accounting.

15 B. Any administrative duty or obligation to be performed pursuant to this Contract on a weekend
16 or holiday may be performed on the next regular business day.

17 18 **XXXII. TERMINATION**

19 A. COUNTY may terminate this Contract, without cause, upon thirty (30) calendar days' written
20 notice. The rights and remedies of COUNTY provided in this Termination Paragraph shall not be
21 exclusive, and are in addition to any other rights and remedies provided by law or under this Contract.

22 B. CONTRACTOR may terminate this Contract, without cause, upon ninety (90) calendar days'
23 written notice.

24 C. CONTRACTOR shall be responsible for meeting all programmatic and administrative
25 contracted objectives and requirements as indicated in this Contract. CONTRACTOR shall be subject
26 to the issuance of a CAP for the failure to perform to the level of contracted objectives, continuing to not
27 meet goals and expectations, and/or for non-compliance. If CAPs are not completed within timeframe
28 as determined by ADMINISTRATOR notice, payments may be reduced or withheld until CAP is
29 resolved and/or the Contract could be terminated.

30 D. Unless otherwise specified in this Contract, COUNTY may terminate this Contract upon five
31 (5) calendar days' written notice if CONTRACTOR fails to perform any of the terms of this Contract.
32 At ADMINISTRATOR's sole discretion, CONTRACTOR may be allowed up to thirty (30) calendar
33 days for corrective action.

34 E. COUNTY may terminate this Contract immediately, upon written notice, on the occurrence of
35 any of the following events:

- 36 1. The loss by CONTRACTOR of legal capacity.
- 37 2. Cessation of services.

1 3. The delegation or assignment of CONTRACTOR's services, operation or administration to
2 another entity without the prior written consent of COUNTY.

3 4. The neglect by any physician or licensed person employed by CONTRACTOR of any duty
4 required pursuant to this Contract.

5 5. The loss of accreditation or any license required by the Licenses and Laws Paragraph of
6 this Contract.

7 6. The continued incapacity of any physician or licensed person to perform duties required
8 pursuant to this Contract.

9 7. Unethical conduct or malpractice by any physician or licensed person providing services
10 pursuant to this Contract; provided, however, COUNTY may waive this option if CONTRACTOR
11 removes such physician or licensed person from serving persons treated or assisted pursuant to this
12 Contract.

13 F. CONTINGENT FUNDING

14 1. Any obligation of COUNTY under this Contract is contingent upon the following:

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

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

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

23 G. In the event this Contract is suspended or terminated prior to the completion of the term as
24 specified in the Referenced Contract Provisions of this Contract, ADMINISTRATOR may, at its
25 sole discretion, reduce the Amount Not To Exceed of this Contract in an amount consistent with the
26 reduced term of the Contract.

27 H. In the event this Contract is terminated by either Party pursuant to Subparagraphs D., E., or F.
28 above, CONTRACTOR shall do the following:

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

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

33 3. Until the date of termination, continue to provide the same level of service required by this
34 Contract.

35 4. If Clients are to be transferred to another facility for services, furnish ADMINISTRATOR,
36 upon request, all Client information and records deemed necessary by ADMINISTRATOR to effect an
37 orderly transfer.

1 5. Assist ADMINISTRATOR in effecting the transfer of Clients in a manner consistent with
2 Client’s best interests.

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

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

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

13 9. Provide written notice of termination of services to each Client being served under this
14 Contract, within fifteen (15) calendar days of receipt of termination notice. A copy of the notice of
15 termination of services must also be provided to ADMINISTRATOR within the fifteen (15) calendars
16 day period.

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18 **XXXIII. THIRD-PARTY BENEFICIARY**

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

22 **XXXIV. WAIVER OF DEFAULT OR BREACH**

23 Waiver by COUNTY of any default by CONTRACTOR shall not be considered a waiver of any
24 subsequent default. Waiver by COUNTY of any breach by CONTRACTOR of any provision of this
25 Contract shall not be considered a waiver of any subsequent breach. Waiver by COUNTY of any
26 default or any breach by CONTRACTOR shall not be considered a modification of the terms of this
27 Contract.

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

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4 PHOENIX HOUSE ORANGE COUNTY, INC.

5 DocuSigned by:
6 BY: Alice Gleghorn, Ph.D DATED: 11/1/2022
7 E036800A6FBE428...

8 NAME: Alice Gleghorn, PH.D

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10 TITLE: President and CEO

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14
15 COUNTY OF ORANGE

16
17
18 BY: _____ DATED: _____

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20 NAME: _____

21
22 TITLE: _____

23 HEALTH CARE AGENCY

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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 any Vice President;
36 and one (1) signature by the Secretary, any Assistant Secretary, the Chief Financial Officer or any Assistant Treasurer. If the contract is signed by one (1)
37 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 CONTRACT FOR PROVISION OF
 DRUG MEDI-CAL ADULT OUTPATIENT AND
 INTENSIVE OUTPATIENT SERVICES
 BETWEEN
 COUNTY OF ORANGE
 AND
 PHOENIX HOUSE ORANGE COUNTY, INC.
 JANUARY 1, 2023 THROUGH-JUNE 30, 2025

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 Contract.

1. AB 109 means services for those Clients deemed eligible by Assembly Bill 109, Public Safety Realignment, under which the Client’s last offense was non-violent, non-sexual, and non-serious.

2. Access Log means entering each person’s initial contact date, intake date and date of first service, level of care and any other information requested by COUNTY into the Access Log as an IRIS component.

3. American Society of Addiction Medicine (ASAM) Criteria means a comprehensive set of guidelines for placement, continued stay and transfer/discharge of Clients with addiction and co-occurring conditions.

4. California Outcomes Measurement System (CalOMS) is a statewide Client-based data collection and outcomes measurement system as required by the State to effectively manage and improve the provision of substance use disorder services at the State, County, and provider levels.

5. Care Coordination consists of activities to provide coordination of substance use disorder care, mental health care, and medical care, and to support the Client with linkages to services and supports designed to restore the Client to their best possible functional level.

6. CESI and CEST means self-administered survey instruments designed to assess Clients’ motivation for change, engagement in treatment, social and peer support, and other psychosocial indicators of progress in recovery.

7. Client means an adult eighteen (18) years of age or older with a substance use disorder, or who is at-risk for the development of a substance use disorder, for whom a COUNTY-approved intake and admission for an outpatient level of care has been completed pursuant to this Contract.

8. Collateral Services means sessions with the significant persons in the Client’s life, focusing on their treatment needs to support the achievement of the Client’s treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the Client. The Client may or may not be present during the session.

1 9. Completion – Satisfactory completion means Clients who have attended sessions as
2 prescribed and are discharged from treatment after making significant positive progress on their
3 treatment plan goals. Unsatisfactory completion means Clients who have not attended sessions and are
4 discharged without making progress on their treatment plan goals.

5 10. Co-Occurring is when a person has at least one substance use disorder and one mental
6 health disorder that can be diagnosed independently of each other.

7 11. DHCS Designated Levels of Care means a designation that is issued by State Department of
8 Health Care Services (DHCS) to an outpatient program based on the services provided at the facility.
9 For the purposes of this Contract, CONTRACTOR shall provide services in accordance with one of the
10 following ASAM-Designated Levels of Care:

11 a. Outpatient Services: ASAM Level 1.0 means outpatient drug free services (ODF)
12 which are provided to adults who meet medical necessity for this level of care, as determined by an
13 LPHA or Medical Director’s diagnosis and ASAM criteria. Services shall be less than nine (9) hour per
14 week for adults.

15 b. Intensive Outpatient Services (IOT): ASAM Level 2.1 means services are provided a
16 minimum of nine (9) hours with a maximum of nineteen (19) hours per week for adults when
17 determined by a LPHA or Medical Director to be medically necessary. Services may exceed the
18 maximum based on individual medical necessity.

19 12. Diagnosis means the definition of the nature of the Client’s substance use disorder. When
20 formulating the diagnosis of Client, CONTRACTOR shall use the diagnosis codes as specified in the
21 most current edition of the DSM published by the American Psychiatric Association. DSM diagnosis
22 shall be recorded on all IRIS documents, as appropriate. It shall also be recorded on the Medical
23 Necessity form and Treatment Plans.

24 13. DMC 2nd Service documentation means that under DMC-ODS a provider may submit
25 claims for the same Client receiving more than one service on the same date by various providers or at a
26 single provider (e.g., IOT case management and group on the same day).

27 14. Drug and Alcohol Treatment Access Report (DATAR) is the Department of Health Care
28 Services (DHCS) system to collect data on Substance Use Disorder treatment capacity and waiting lists.

29 15. Drug Medi-Cal is the organized delivery of health care services for Medicaid eligible
30 individuals with substance use disorders.

31 16. Early Periodic Screening, Diagnostic and Treatment (EPSDT) means the federally
32 mandated Medicaid benefit that entitles full-scope Medi-Cal-covered beneficiaries less than twenty-one
33 (21) years of age to receive any Medicaid service necessary to correct or help to improve a defect,
34 mental illness, or other condition, such as a substance-related disorder, that is discovered during a health
35 screening.

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1 17. Intake is the initial meeting between a Client and CONTRACTOR staff in which specific
2 information about the Client is gathered and standard admission forms completed pursuant to this
3 Contract. Individuals needing a higher level of care shall be provided the appropriate services until
4 linkage to a higher level of care is made.

5 18. Integrated Records Information System (IRIS) means a collection of applications and
6 databases that serve the needs of programs within HCA and includes functionality such as registration
7 and scheduling, laboratory information system, billing and reporting capabilities, compliance with
8 regulatory requirements, electronic medical records, and other relevant applications.

9 19. Level of Care Assessment is a comprehensive set of guidelines for placement, continued
10 stay, and transfer/discharge of Clients with addiction and co-occurring conditions developed by HCA
11 based on ASAM criteria.

12 20. Licensed Practitioner of the Healing Art (LPHA) means any Physician, Nurse Practitioners,
13 Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologists,
14 Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Marriage and
15 Family Therapists, or license-eligible practitioners working under the supervision of licensed clinicians,
16 working within their scope of practice.

17 21. Linkage means connecting Clients to ancillary services such as outpatient and/or residential
18 treatment and supportive services which may include self-help groups, social services, rehabilitation
19 services, vocational services, job training services, or other appropriate services.

20 22. Medication Assisted Treatment (MAT) is the assessment, prescription, administration, and
21 monitoring of FDA-approved medications for SUD. MAT services are conducted by staff lawfully
22 authorized to provide such services within their scope of practice or licensure.

23 23. Medical Necessity is a set of criteria used to determine whether a Client meets criteria to be
24 treated in the DMC-ODS.

25 24. Notice of Adverse Benefit Determination (NOABD) means a formal communication to the
26 Medi-Cal beneficiary of any action regarding their Drug Medi-Cal services and their right to appeal,
27 consistent with 42 CFR 438.404 and 438.10.

28 25. Perinatal means the condition of being pregnant or up to sixty (60) days Postpartum. In
29 addition to the services established for outpatient Clients, the provider must offer Perinatal Clients
30 additional parenting education, referrals, transportation, childcare, and other services, as specified by the
31 DHCS Perinatal Practice Guidelines. If Client no longer meets this Perinatal definition, the Client would
32 be eligible for non-Perinatal services as long as they meet medical necessity for the designated level of
33 care.

34 26. Recovery Services are designed to support recovery and prevent relapse with the objective
35 of restoring the Client to their best possible functional level. Recovery Services emphasize the Client's
36 central role in managing their health, use effective self-management support strategies, and organize
37 internal and community resources to provide ongoing self-management support to Clients.

1 CONTRACTOR shall submit proof of enrollment for each new rendering provider as required by
 2 regulations. Failure to demonstrate provider enrollment within six (6) months of services being rendered
 3 shall result in disallowance of those services by pending providers.

4 3. CONTRACTOR shall submit appropriate Medi-Cal billing to ADMINISTRATOR on a
 5 monthly basis. The monthly invoice(s) shall match what CONTRACTOR enters into IRIS. It is
 6 CONTRACTOR’S responsibility to ensure invoice UOS match what was sent up to the State.
 7 ADMINISTRATOR shall review billing and remit to Accounting for submission to the State Medi-Cal
 8 unit.

9 a. In support of the monthly invoice, CONTRACTOR shall submit an Expenditure and
 10 Revenue/UOS Report as specified in the Reports Paragraph of this Exhibit A to the Contract.
 11 ADMINISTRATOR shall use the Expenditure and Revenue/UOS Report to determine payment to
 12 CONTRACTOR as specified in this Payments Paragraph of this Exhibit A.

13 b. If, at any time, CONTRACTOR’s Expenditure and Revenue Reports, including IRIS
 14 UOS, do not agree with UOS billed on monthly invoices, ADMINISTRATOR, after review with
 15 CONTRACTOR, may reduce COUNTY payment by an amount not to exceed the difference between
 16 billed amount and UOS reported in IRIS. Or ADMINISTRATOR may request CONTRACTOR adjust
 17 its next invoice.

18 4. CONTRACTOR shall assume responsibility for any audit disallowances or penalties
 19 imposed on COUNTY by the State related to amounts or services claimed by COUNTY on behalf of
 20 CONTRACTOR. CONTRACTOR shall reimburse COUNTY for any such disallowances or penalties
 21 within thirty (30) calendar days of written notification by COUNTY.

<u>Modes of Service</u>	<u>Reimbursement Rate</u>
ODF Individual Counseling	<u>\$40.13/15 minute</u> <u>increment</u>
ODF Group Counseling	<u>\$40.13/15 minute</u> <u>increment</u>
ODF Care Coordination	<u>\$40.13/15 minute</u> <u>increment</u>
IOT Individual Counseling	<u>\$40.13/15mimminute</u> <u>increment</u>
IOT Group Counseling	<u>\$40.13/15 minute</u> <u>increment</u>
IOT Care Coordination	<u>\$40.13/15 minute</u> <u>increment</u>
Clinician Consultation	<u>\$89.30/15 minute</u> <u>increment</u>

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MAT Services will be paid at actual costs	<u>\$ 324,638</u>
Recovery Services – Individual Counseling	<u>\$40.13/15 minute increment</u>
Recovery Services – Group Counseling	<u>\$40.13/15 minute increment</u>
Recovery Services – Care Coordination	<u>\$40.13/15 minute increment</u>

B. PAYMENT METHOD – COUNTY shall pay CONTRACTOR monthly in arrears, however, that the total of such payments shall not exceed the COUNTY’s Aggregate Amount Not To Exceed. CONTRACTOR’s invoices shall be on a form approved or provided by ADMINISTRATOR and shall provide such information as is required by ADMINISTRATOR. Invoices are due by the tenth (10th) calendar day of each month, and payments to CONTRACTOR should be released by COUNTY no later than thirty (30) calendar days after receipt of the correctly completed invoice form.

C. Monthly payments are interim payments only, and subject to Final Settlement in accordance with the Cost Report Paragraph of this Contract. Invoices received after the due date may not be paid in accordance with Subparagraph II.B of this Exhibit A to the Contract.

D. All invoices to COUNTY shall be supported, at CONTRACTOR’s facility, by source documentation including, but not limited to, ledgers, books, vouchers, journals, time sheets, payrolls, appointment schedules, schedules for allocating costs, invoices, bank statements, canceled checks, receipts, receiving records, and records of services provided.

E. ADMINISTRATOR may withhold or delay any payment if CONTRACTOR fails to comply with any provision of this Contract.

F. COUNTY shall not reimburse CONTRACTOR for services provided beyond the expiration and/or termination of this Contract.

G. In conjunction with Subparagraph II.A above, CONTRACTOR shall not enter Units of Service into the COUNTY IRIS system for services not rendered. If such information has been entered, CONTRACTOR shall make corrections within ten (10) calendar days from notification by ADMINISTRATOR. Additionally, to assist in the protection of data integrity, CONTRACTOR shall create a procedure to ensure separation of duties between the individual performing direct services (LPHA, clinicians, counselors, etc.), and the clerical staff who enter information into the IRIS system.

1 Clerical staff shall enter data into IRIS using the chart information provided by the direct service staff.

2 H. CONTRACTOR shall ensure compliance with all DMC billing and documentation
3 requirements when entering Units of Service into COUNTY IRIS system. ADMINISTRATOR shall
4 withhold payment for non-compliant Units of Service, and may reduce, withhold or delay any payment
5 associated with non-compliant billing practices.

6 I. CONTRACTOR may be required to have an audit conducted in accordance with federal OMB
7 Circular A-133. CONTRACTOR shall be responsible for complying with any federal audit
8 requirements within the reporting period specified by OMB Circular A-133.

9 J. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
10 Payments Paragraph of this Exhibit A to the Contract.

11 **III. RECORDS**

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13 A. FINANCIAL RECORDS – CONTRACTOR shall prepare and maintain accurate and complete
14 financial records of its costs and operating expenses. Such records shall reflect the actual costs of the
15 type of service for which payment is claimed in accordance with generally accepted accounting
16 principles.

17 1. Any apportionment of or distribution of costs, including indirect costs, to or between
18 programs or cost centers of CONTRACTOR shall be documented, and shall be made in accordance with
19 generally accepted accounting principles.

20 2. CONTRACTOR shall account for funds provided through this Contract separately from
21 other funds and maintain a clear audit trail for the expenditure of funds.

22 3. CLIENT FEES – Pursuant to 42 CFR 438.106, CONTRACTOR shall not collect fees from
23 a Medi-Cal beneficiary or persons acting on behalf of the beneficiary for any SUD or related
24 administrative services provided under this Contract, except to collect other health insurance coverage,
25 share of cost, and co-payments. Drug Medi-Cal is payment in full for treatment services rendered for
26 Medi-Cal beneficiaries.

27 B. CLIENT RECORDS – CONTRACTOR shall maintain adequate records in accordance with the
28 DHCS as they may be amended or superseded at a later time during the course of this Contract, the
29 COUNTY Guidelines, California Code of Regulations (CCR), Title 22, and ADMINISTRATOR's
30 requirements on each individual Client in sufficient detail to permit an evaluation of services, which
31 shall include documentation of all activities, services, sessions, and assessment, including but not
32 limited to:

33 1. Documentation that outpatient treatment for substance use disorders is appropriate for the
34 Client. This shall include the Medical Director or LPHA's initial medical necessity determination for the
35 DMC-ODS benefit. Additionally, if the initial assessment is completed by a counselor, this includes a
36 progress note documenting the face-to-face, telehealth, or telephone review between the Medical
37 Director or LPHA and the counselor to establish a beneficiary meets medical necessity criteria.

1 Additionally, the ASAM Criteria assessment will be applied to determine placement into the level of
2 assessed services and documented in the Client record;

- 3 2. Intake and admission data, including, if applicable, a physical examination;
- 4 3. Treatment plans;
- 5 4. Reassessments of client functioning based on ASAM criteria;
- 6 5. Progress notes;
- 7 6. Continuing services justifications;
- 8 7. Laboratory test orders and results;
- 9 8. Referrals;
- 10 9. Human Trafficking – each Client’s chart shall contain the results of screening for victims of
11 human trafficking (TVPA 2000).
- 12 10. California Outcomes Measurement System (CalOMS)
- 13 11. Outcome measures and screening tools as determined by ADMINISTRATOR.
- 14 12. Discharge plan;
- 15 13. Discharge summary;
- 16 14. Any other information relating to the treatment services rendered to the Client; and
- 17 15. A sign-in sheet for every group counseling session.

18 C. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
19 Records Paragraph of this Exhibit A to the Contract.

21 **IV. REPORTS**

22 **A. MONTHLY PROGRAMMATIC**

23 1. CONTRACTOR shall submit a monthly programmatic report to ADMINISTRATOR,
24 including information required and on a form approved or provided by ADMINISTRATOR. These
25 monthly programmatic reports should be submitted to ADMINISTRATOR no later than the twentieth
26 (20th) calendar day of the month following the report month.

27 2. CONTRACTOR shall be responsible for reporting any problems in implementing the
28 provisions of this Contract, pertinent facts or interim findings, staff changes, status of license(s) and/or
29 certification(s), changes in population served, and reasons for any changes. Additionally, a statement
30 that the CONTRACTOR is or is not progressing satisfactorily in achieving all the terms of the Contract
31 shall be included.

32 3. FOLLOW-UPS – CONTRACTOR shall conduct follow-ups with Clients after discharge at
33 intervals designated by ADMINISTRATOR. ADMINISTRATOR shall provide information/questions
34 to CONTRACTOR for follow up. CONTRACTOR shall track data on Client functioning which at
35 minimum shall include current substance use.

36 **B. FISCAL**

37 1. In support of the monthly invoice, CONTRACTOR shall submit monthly Expenditure and

1 Revenue Reports and UOS to ADMINISTRATOR. These reports shall be on forms acceptable to, or
2 provided by ADMINISTRATOR and shall report actual costs, UOS and revenues for each of the
3 CONTRACTOR's program(s) or cost center(s) described in the Services Paragraph of Exhibit A to the
4 Contract. CONTRACTOR shall submit these reports by no later than twenty (20) calendar days
5 following the end of the month reported. CONTRACTOR must request in writing any extensions to the
6 due date of the monthly required reports.

7 2. CONTRACTOR shall submit Year-End Projection Reports to ADMINISTRATOR. These
8 reports shall be on a form acceptable to, or provided by, ADMINISTRATOR and shall report
9 anticipated year-end actual costs and revenues for CONTRACTOR's program(s) or cost center(s)
10 described in the Services Paragraph of Exhibit A to the Contract. Such reports shall include actual
11 monthly costs and revenue to date and anticipated monthly costs and revenue to the end of the fiscal
12 year. Year-End Projection Reports shall be submitted at the same time as the monthly Expenditure and
13 Revenue Reports

14 C. MONTHLY IRIS – CONTRACTOR shall input all Units of Service provided in COUNTY's
15 IRIS database for the preceding month no later than the tenth (10th) calendar day of the month
16 following the report month. Services entered into IRIS must match the monthly billing documents prior
17 to funds being released. CONTRACTOR shall utilize monitoring reports available in IRIS to ensure the
18 accuracy of Units of Service and other forms that are entered by CONTRACTOR into IRIS.

19 D. CalOMS – CONTRACTOR shall be responsible for: (1) entering an error-free CalOMS
20 admission record within twenty-one (21) calendar days of the start of services, (2) entering an error-free
21 CalOMS annual record up to sixty (60) calendar days prior to the admission anniversary or most recent
22 annual record completion date, and (3) entering an error-free CalOMS discharge record within twenty-
23 one (21) calendar days after the last face-to-face service. CONTRACTOR shall utilize the CalOMS
24 Error Detail Report (CEDR) to ensure that any CalOMS entry errors are corrected within two (2)
25 business days of the entry. CONTRACTOR shall utilize other available CalOMS monitoring reports to
26 ensure correct and timely submission. CONTRACTOR shall ensure that a minimum of ninety-six
27 percent (96%) of their CalOMS are completed on time monthly. Any individual provider of services
28 must have an NPI number and be listed in IRIS as the provider of the service conducted prior to
29 performing any clinical services.

30 E. MONTHLY DATAR – CONTRACTOR shall provide reports under the DATAR and/or any
31 other State Department of Alcohol and Drug Programs Reporting System no later than the fifth (5th)
32 business day of the month following the report month.

33 F. CONTRACTOR shall obtain from eighty percent (80%) of Clients, the completed CESI within
34 thirty (30) calendar days of admission, and the CEST shall be completed at mid-point and at completion
35 for those Clients receiving at a minimum forty-five (45) calendar days of treatment.

36 1. CONTRACTOR shall ensure that surveys are completed by designated Clients, timely and
37 accurately, including but not limited to, ensuring surveys contain provider number, Client ID number,

1 responses to all psychosocial questions, responses for other important Client and CONTRACTOR
2 information, and fields are filled and/or marked appropriately.

3 2. CONTRACTOR shall photocopy the CESI and CEST surveys and submit the originals to
4 ADMINISTRATOR for the COUNTY, once a month, on the tenth (10th) business day of each month.

5 3. CONTRACTOR shall maintain the photocopies of the CESI and CEST documents in Client
6 files.

7 4. CONTRACTOR shall adhere to all COUNTY CESI and CEST transmission, reporting,
8 scoring, and any other guidelines, as stipulated by ADMINISTRATOR, as they may now exist or as
9 they may be revised and/or amended in the future, for the review, use, and analysis of the CESI and
10 CEST.

11 G. ACCESS LOG – CONTRACTOR shall track and enter information on requests for services
12 into IRIS.

13 H. LEVEL OF CARE SUMMARY – CONTRACTOR shall enter level of care summary record in
14 IRIS within five (5) calendar days of the initial assessment or re-assessment being completed. Level of
15 care summaries are to be completed and entered into IRIS at intake, whenever there is a change in level
16 of care, and at planned discharge.

17 I. ADDITIONAL REPORTS – CONTRACTOR shall make additional reports as required by
18 ADMINISTRATOR concerning CONTRACTOR’s activities as they affect the services hereunder.
19 ADMINISTRATOR will be specific as to the nature of information requested and the timeframe the
20 information is needed.

21 J. CONTRACTOR agrees to enter psychometrics into COUNTY’s EHR system as requested by
22 ADMINISTRATOR. Said psychometrics are for the COUNTY’s analytical uses only and shall not be
23 relied upon by CONTRACTOR to make clinical decisions. CONTRACTOR agrees to hold COUNTY
24 harmless, and indemnify pursuant to Section XV, from any claims that arise from non-COUNTY use of
25 said psychometrics.

26 K. CONTRACTOR shall submit reports as required by the ADMINISTRATOR and/or the State
27 and shall make all collected data available to ADMINISTRATOR upon request.

28 L. CONTRACTOR shall ensure that data submitted is accurate and complete by verifying the
29 accuracy and timeliness of reported data, screening the data for completeness, logic, and consistency,
30 submitting data in standardized formats as determined appropriate by ADMINISTRATOR.

31 M. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
32 Reports Paragraph of this Exhibit A to the Contract.

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V. SERVICES

A. COUNTY reserves the right to amend unilaterally the scope of services as written in this Exhibit A in order to meet State mandated California Advancing and Innovating Medi-Cal (CalAIM) requirements once published.

B. FACILITY – CONTRACTOR shall provide Substance Use Disorder Outpatient Services in accordance with the standards established by COUNTY and the State DHCS as they may be amended or superseded at a later time during the term of this Contract within the specifications stated below, unless otherwise authorized by ADMINISTRATOR. CONTRACTOR shall provide services within a DMC certified facility that has been designated by DHCS as capable of delivering care consistent with ASAM adult treatment criteria. The environment shall be healthy and safe and the facility shall be clean and in good repair. Services shall be provided at the following location, or at any other Certified DMC facility approved in advance, in writing, by ADMINISTRATOR.

1207 East Fruit Street
Santa Ana, CA 92701

1. CONTRACTOR’s facility hours of operation for Outpatient services shall operate, at least, Monday through Friday, with the provision for early morning and evening hours (before 9:00 a.m. and after 5:00 p.m.) or weekends, when necessary to accommodate Clients that are unable to participate during regular daytime hours. Treatment program shall be accessible to people with disabilities in accordance with Title 45, Code of Federal Regulations (herein referred to as CFR), Part 84 and the American with Disabilities Act.

2. CONTRACTOR’s holiday schedule shall be consistent with COUNTY’s holiday schedule, unless otherwise authorized, in writing, by ADMINISTRATOR.

3. CONTRACTOR shall provide at a minimum, on site or by referral, outpatient prenatal and postpartum medical care, pediatric care, vocational/educational services to pregnant or parenting Clients.

4. CONTRACTOR shall be DMC Certified to provide DMC Outpatient Drug Free and Intensive Outpatient services to DMC beneficiaries prior to initiating this Contract. CONTRACTOR will be expected to provide DMC treatment services and bill per Outpatient Drug Free or Intensive Outpatient Treatment. Therefore, CONTRACTOR must be:

- a. DMC certified and with a billing system established before services commence.
- b. Diligent and maintain active DMC certification throughout the term of the Contract.
- c. Located in close proximity to public transportation for easy access for Clients and their parents/caregivers or other family/support persons who are participating in the Client’s treatment.
- d. A safe, drug-free, and welcoming environment and staff.

1 e. Able to provide private rooms for individual counseling, separate administrative area
2 for operations, billing and file storage.

3 f. Located in Orange County.

4 g. Certain to include DMC administrative costs of ten percent (10%) of the annual DMC
5 budget allocation for purposes of quality assurance to be provided by COUNTY.

6 h. Hour of operation may be adjusted with prior approval from ADMINISTRATOR.

7 C. PERSONS TO BE SERVED – CONTRACTOR shall serve adults eighteen (18) years of age or
8 older. In order to receive services through the DMC-ODS, the Client must be enrolled in Medi-Cal,
9 reside in Orange County, and meet medical necessity criteria, as outlined below. As COUNTY
10 resources allow and as approved by ADMINISTRATOR, CONTRACTOR may serve Clients that are in
11 the process of applying for Medi-Cal or those Clients that are in the process of having Medi-Cal
12 reinstated as long as Clients reside in Orange County and meet medical necessity criteria, as outlined
13 below.

14 D. MEDI-CAL ELIGIBILITY - MEDICAL NECESSITY

15 1. CONTRACTOR must verify the Medicaid eligibility determination of potential Clients.
16 The verification shall be reviewed and approved by the ADMINISTRATOR prior to payment for
17 services, unless the individual is eligible to receive services from tribal health programs operating under
18 the Indian Self Determination and Education Assistance Act (ISDEAA – Pub.L 93-638, as amended). If
19 the individual is eligible to receive services from tribal health programs operating under the ISDEAA,
20 then the determination shall be conducted as set forth in the Tribal Delivery System – Attachment BB to
21 the STCs. CONTRACTOR may accept uninsured persons with proof of Medi-Cal application.

22 2. The initial medical necessity determination for an individual to receive a DMC-ODS
23 benefit must be performed face-to-face, through telehealth, or by telephone by an LPHA or registered or
24 certified counselor and may be done in the community or the home. If the assessment is completed by a
25 registered or certified counselor, then the LPHA shall evaluate that assessment with the counselor and
26 the LPHA shall make the initial diagnosis. The consultation between the LPHA and the registered or
27 certified counselor can be conducted in person, through telehealth, or by telephone. After establishing a
28 diagnosis, the ASAM Criteria shall be applied by the diagnosing individual to determine placement into
29 the level of assessed services. The initial assessment period is up to sixty (60) calendar days for Medi-
30 Cal beneficiaries under the age of twenty-one (21) and up to thirty (30) calendar days for Medi-Cal
31 beneficiaries aged twenty-one (21) and older.

32 3. All Medi-Cal beneficiaries under the age of twenty-one (21) are eligible to receive
33 Medicaid services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT)
34 mandate. Under the EPSDT mandate, beneficiaries under the age of twenty-one (21) are eligible to
35 receive all appropriate and medically necessary services need to correct and ameliorate health conditions
36 that are coverable under section 1905(a) Medicaid authority, even if they do not meet criteria for a
37 substance use disorder (SUD) diagnosis. This includes treatment for risky substance use and early

1 engagement services. Nothing in the DMC-ODS overrides any EPSDT requirements. CONTRACTOR
2 is responsible for the provision of services pursuant to the EPSDT mandate. Beneficiaries under age
3 twenty-one (21) are eligible for DMC-ODS services without a diagnosis from the DSM for Substance-
4 Related and Addictive Disorders.

5 4. CONTRACTOR shall ensure Clients are reassessed for continued medical necessity and
6 appropriate level of care placement, at a minimum between the fifth and sixth month of admission,
7 unless there is a change in the Client's condition or medical necessity warrants more frequent
8 assessments as documented in the individualized treatment plan.

9 E. ADMISSIONS

10 1. CONTRACTOR shall accept any person who is physically and mentally able to comply
11 with the program's rules and regulations and is Medi-Cal eligible. Persons with co-occurring disorders
12 and/or chronic conditions who require prescribed medication shall not be precluded from acceptance or
13 admission solely based on their licit use of prescribed medication(s).

14 2. Beneficiaries may contact CONTRACTOR directly to request services. Beneficiaries may
15 also be referred to CONTRACTOR by the 24/7 Beneficiary Access Line, network providers, and other
16 access points determined by ADMINISTRATOR. CONTRACTOR shall enter data regarding requests
17 for service into an access log established by ADMINISTRATOR.

18 3. CONTRACTOR shall have policies and procedures in place to screen for emergency
19 medical conditions and immediately refer beneficiaries to emergency medical care.

20 4. CONTRACTOR shall have a policy that requires Clients who show signs of any
21 communicable disease, or through medical disclosure during the intake process admitting to a health-
22 related problem that would put others at risk, to be cleared medically before services are provided by the
23 program.

24 5. CONTRACTOR shall initiate services within reasonable promptness and shall have a
25 documented system for monitoring and evaluating the quality, appropriateness, and accessibility of care,
26 including a system for addressing problems that develop regarding admission wait times.

27 6. ADMISSION POLICY – CONTRACTOR shall establish and make available to the public
28 a written Admission Policy. CONTRACTOR's Admission Policy shall reflect all applicable federal,
29 state and county regulations.

30 F. INFORMING MATERIALS – CONTRACTOR is responsible to distribute informing materials
31 and provider lists that meet the content requirements of 42 CRF 438.100 to beneficiaries when they first
32 access SUD services through the DMC-ODS and on request. Informing materials will be provided by
33 ADMINISTRATOR.

34 G. INTERIM SERVICES – Any DMC Client participating in Outpatient or Intensive Outpatient
35 treatment not admitted within ten (10) calendar days due to lack of capacity shall be provided interim
36 services. Interim services shall consist of: Voluntary testing, referral for medical evaluation, if
37 appropriate; and HIV education, HIV risk assessment and disclosure counseling and voluntary

1 confidential HIV antibody testing. For pregnant women, interim services shall also include counseling
2 on the effects of alcohol and drugs on the developing fetus and referral to prenatal medical care services.
3 Interim services may be provided directly or by referral to ADMINISTRATOR or another appropriate
4 provider and given to prospective Clients within 48 hours. Provision of interim services for DMC
5 covered Client with alcohol and/or other drug problems, who could otherwise be admitted into
6 substance use disorder outpatient treatment, shall be documented in IRIS, and reported monthly by the
7 fifth (5th) business day or as determined by ADMINISTRATOR.

8 H. SUBSTANCE USE DISORDER OUTPATIENT SERVICES include: assessment, care
9 coordination, individual counseling, group counseling, family therapy, medication services, MAT for
10 Opioid Use Disorder (OUD), MAT for Alcohol Use Disorder (AUD) and other non-opioid SUDs,
11 patient education, recovery services, and SUD crisis intervention services. Services may be provided in
12 person, by telehealth, or by telephone. Outpatient Services (ODF; ASAM Level 1.0) are provided when
13 medically necessary for less than nine (9) hour per week for adults. Intensive Outpatient Services (IOT;
14 ASAM Level 2.1) are provided when medically necessary for a minimum of nine (9) hours with a
15 maximum of nineteen (19) hours per week for adults. IOT services may exceed the maximum based on
16 individual medical necessity. All services and documentation shall meet DMC standards. Components
17 of Outpatient Services are:

18 a. Assessment – CONTRACTOR shall assess the Client utilizing an ASAM-based
19 Assessment tool approved by ADMINISTRATOR to provide a standardized, comprehensive risk and
20 needs assessment. Assessment of each Client shall include at a minimum their history and current
21 functioning status in the following categories: substance use and prior treatment history, medical,
22 family, psychiatric/psychological, social/recreational, financial, educational, employment, criminal,
23 legal status. Additionally, CONTRACTOR is encouraged to assess each Client for stress management,
24 literacy, developmental and cognitive levels, emotional skills, self-help/independent living skills, risk of
25 suicide, current/history of physical and/or sexual abuse, and perpetration of physical and/or sexual
26 abuse. Individuals assessed to need a higher level of care shall be provided the appropriate services until
27 linkage to a higher level of care is made. If the assessment indicates there is no medical necessity for
28 any SUD treatment levels, a Notice of Adverse Benefit Determination (NOABD) will be provided to the
29 Client after the assessment or mailed to the Client no later than three (3) business days after the decision
30 to deny SUD services has been made.

31 b. Physical Examination – If a Client had a physical within the twelve (12) month period
32 prior to admission, the physician shall review documentation of the most recent physical within thirty
33 (30) calendar days of admission to treatment. If a CONTRACTOR is unable to obtain documentation of
34 the most recent physical, CONTRACTOR shall describe the efforts made to obtain this documentation
35 in the Client's record; or the physician, nurse practitioner or physician's assistant, may perform a
36 physical within thirty (30) calendar days of admission. If the previous two options cannot be met,
37 CONTRACTOR must include on the initial and updated treatment plans the goal of obtaining a physical

1 examination, until this goal is met. The physician or LPHA shall evaluate each Client to diagnose
2 whether the Client has a SUD.

3 c. Individual Counseling – Contacts between a Client and a therapist or counselor.
4 Individual counseling can include contact with family members or other collaterals if the purpose of the
5 collateral's participation is to focus on the treatment needs of the Client by supporting the achievement
6 of the Client's treatment goals.

7 d. Group Counseling – Contacts in which one or more therapists or counselors treat two
8 (2) or more Clients, one of whom must be a Medi-Cal beneficiary, at the same time with a maximum of
9 twelve (12) in the group.

10 e. Group Sign-In Sheets – Group sign-in sheets shall be completed for all group
11 counseling sessions. Group sign-in sheets shall contain the printed and signed name of the Client, date
12 of group, duration of group (e.g. start and end times), topic of group, number of Clients in group, and
13 printed and signed name of the therapist/counselor(s) conducting the group.

14 f. Clinical Documentation – shall occur for each session attended by the Client and
15 include treatment plan progress on each note for at least one problem area. Staff documenting for any
16 Client's group or individual service shall understand progress notes are individualized narrative
17 summaries and shall include the following:

- 18 1) The type and topic of the session and how the topic relates to substance disorders in
19 the content of the progress note;
- 20 2) A narrative describing the service, including how the service addressed the
21 beneficiary's behavioral health need (e.g. symptom, condition, diagnosis, and/or risk factors);
- 22 3) Information on attendance, including the date, start and end times of each group or
23 individual and duration of the service, including travel and documentation time;
- 24 4) Location of the beneficiary at the time of receiving the service;
- 25 5) Type or legibly print the name, date and signature of the counselor or therapist who
26 conducted the session and document services within three (3) business days of providing a service
27 except for crisis services notes which shall be completed within twenty-four (24) hours.
- 28 6) ICD 10 code;
- 29 7) Current Procedural Terminology (CPT) or Healthcare Common Procedure
30 Coding System (HCPCS) code and the number of Clients in attendance;
- 31 8) Next steps including, but not limited to, planned action steps by the provider or
32 by the beneficiary, collaboration with the beneficiary, collaboration with other
33 provider(s) and any update to the problem list as appropriate

34 g. Family Therapy – Including a Client's family members and loved ones in the treatment
35 process, and providing education about factors that are important to the Client's recovery as well as to
36 their own recovery can be conveyed.

37 //

1 h. Medication Assisted Treatment (MAT) – CONTRACTOR shall either directly offer or
2 have an effective referral mechanism to MAT to Clients with SUD diagnoses that are treatable with
3 Food and Drug Administration (FDA)-approved medications or biological products. CONTRACTOR’s
4 referral mechanism shall include a warm handoff by CONTRACTOR to the MAT provider to ensure the
5 client has been accepted into the MAT provider’s program. The warm handoff must be done in real-time
6 with the Client. Medically necessary MAT services directly offered by CONTRACTOR must be
7 provided in accordance with an individualized treatment plan determined by a licensed physician or
8 LPHA working within their scope of practice.

9 1) CONTRACTOR must ensure ability to continue MAT after discharge through
10 linkage to appropriate prescriber. MAT shall include the assessment, treatment planning, ordering,
11 prescribing, administering, and monitoring of all medications for SUDs.

12 2) CONTRACTOR must provide administration of buprenorphine, naltrexone (oral
13 and injectable), acamprosate, disulfiram, and naloxone as clinically appropriate for this population and
14 approved by the FDA. Other approved medications in the treatment of SUDs may also be prescribed
15 and administered, as medically necessary and clinically appropriate.

16 3) CONTRACTOR must provide care coordination with treatment and ancillary
17 service providers and facilitate transitions between levels of care. Beneficiaries may simultaneously
18 participate in MAT services and other ASAM LOCs.

19 i. Collateral Services – Sessions with therapists or counselors and significant persons in
20 the life of the Client, focused on the treatment needs of the Client in terms of supporting the
21 achievement of their treatment goals. Significant persons are individuals that have a personal, not
22 official or professional, relationship with the Client.

23 j. SUD Crisis Intervention Services – sessions between a therapist or counselor and a
24 Client in crisis. Crisis means an actual relapse or an unforeseen event or circumstance, which presents
25 an imminent threat of relapse. Crisis intervention services shall focus on alleviating the crisis problem
26 and be limited to the stabilization of the beneficiary’s immediate situation. These types of services are
27 not scheduled and do not appear on the treatment plan and may be provided on the same day as a
28 scheduled group or individual service as initiated by the Client.

29 k. Treatment Planning – CONTRACTOR shall develop an individualized treatment plan
30 with each Client which shall be signed and dated by the Client and Counselor within thirty (30) calendar
31 days of admission. The Medical Director (physician) or LPHA shall sign and date the plan within fifteen
32 (15) calendar days of the Counselor’s signature. Each treatment plan shall include identification of a
33 drug and/or alcohol problem, identify the proposed type(s) of interventions that includes a proposed
34 frequency and duration, consistent with the qualifying diagnosis listed on the treatment plan, a physical
35 if so determined by the Medical Director, and include long term and short term specific quantifiable
36 individualized goals and objectives for addressing the identified needs with action steps, target dates and
37 dates of resolution for each. CONTRACTOR shall base problem areas from a perspective encompassing

1 the whole Client's needs as determined by the Assessment, Health Questionnaire and other screening
2 tools utilized such as suicidal/homicidal screening, depression/anxiety scales, and/or trauma or human
3 trafficking screen. CONTRACTOR shall update the treatment plan when a change in problem
4 identification, focus of recovery or treatment occurs, or, no later than ninety (90) calendar days after
5 signing the initial treatment plan, and no later than every ninety (90) calendar days thereafter, whichever
6 comes first.

7 1. Care Coordination – Consists of activities to provide coordination of SUD care, mental
8 health care, and medical care, and to support the Client with linkages to services and supports designed
9 to restore the Client to their best possible functional level. Care coordination includes one or more of the
10 following components:

11 1) Coordinating with medical and mental health care providers to monitor and support
12 comorbid health conditions.

13 2) Discharge planning, including coordinating with SUD treatment providers to
14 support transitions between levels of care and to recovery resources, referrals to mental health providers,
15 and referrals to primary or specialty medical providers.

16 3) Coordinating with ancillary services, including individualized connection, referral,
17 and linkages to community-based services and supports including but not limited to educational, social,
18 prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child
19 development, family/marriage education, cultural sources, and mutual aid support groups.

20 m. Evidence Based Practices (EBPs) – CONTRACTOR will implement at least two of the
21 following EBPs. The required EBPs include:

22 1) Motivational Interviewing: A Client-centered, empathetic, but directive counseling
23 strategy designed to explore and reduce a person's ambivalence toward treatment. This approach
24 frequently includes other problem-solving or solution-focused strategies that build on Clients' past
25 successes.

26 2) Cognitive-Behavioral Therapy: Based on the theory that most emotional and
27 behavioral reactions are learned and that new ways of reacting and behaving can be learned.

28 3) Relapse Prevention: A behavioral self-control program that teaches individuals
29 with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention
30 can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains
31 achieved during initial substance use treatment.

32 4) Trauma-Informed Treatment: Services must take into account an understanding of
33 trauma, and place priority on trauma survivors' safety, choice and control.

34 5) Psycho-Education: Psycho-educational groups are designed to educate Clients
35 about substance abuse, and related behaviors and consequences. Psycho-educational groups provide
36 information designed to have a direct application to Clients' lives; to instill self-awareness, suggest
37 options for growth and change, identify community resources that can assist Clients in recovery,

1 develop an understanding of the process of recovery, and prompt people using substances to take action
2 on their own behalf.

3 n. Clinician Consultation Services – Clinician Consultation consists of DMC-ODS
4 LPHAs consulting with LPHAs, such as addiction medicine physicians, addiction psychiatrists, licensed
5 clinicians, or clinical pharmacists, to support the provision of care. CONTRACTOR will have access to
6 Clinician Consultation Services defined as DMC clinicians consulting with addiction medicine
7 physicians, addiction psychiatrists, clinicians or clinical pharmacists. Clinician consultation services are
8 designed to support DMC-ODS licensed clinicians with complex cases and may address medication
9 selection, dosing, side effect management, adherence, drug-drug interactions, or level of care
10 considerations. It includes consultations between clinicians designed to assist DMC clinicians with
11 seeking expert advice on treatment needs for specific DMC-ODS beneficiaries. This service is distinct
12 from internal care coordination or supervision.

13 o. Discharge Services – The process to prepare the Client for referral into another level or
14 care, post treatment return or reentry into the community, and/or the linkage of the Client to essential
15 community treatment, housing and human services. CONTRACTOR shall begin discharge planning
16 immediately upon enrollment. CONTRACTOR shall develop written procedures regarding Client
17 discharge. Discharge Planning may occur only once within thirty (30) calendar days prior to the date of
18 the last face-to-face treatment with the Client.

19 1) Discharge Plan – CONTRACTOR shall develop a formal discharge plan within
20 thirty (30) calendar days prior to Client’s planned discharge from the program. A discharge plan is to be
21 completed for each Client, except a Client with whom the provider loses contact. The discharge plan
22 shall be completed and signed by the CONTRACTOR staff and the Client. A copy of the discharge plan
23 shall be provided to the Client and retained in the Client’s record. The discharge plan shall include, but
24 not be limited to, all of the following:

- 25 i) A description of each of the Client’s relapse triggers;
- 26 ii) A plan to assist the Client to avoid relapse when confronted with each trigger;

27 and

- 28 iii) A support plan.

29 2) Discharge Summary – The discharge summary is to be completed by the LPHA or
30 counselor within thirty (30) calendar days of the date of the last face-to-face treatment contact with the
31 Client. The discharge summary shall include all of the following:

- 32 i) The duration of the Client’s treatment as determined by the dates of admission
33 to and discharge from treatment;
- 34 ii) The reason for discharge;
- 35 iii) A narrative of the treatment episode; and
- 36 iv) The Client’s prognosis.

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1 p. Recovery Services – Recovery Services are designed to support recovery and prevent
2 relapse with the objective of restoring the Client to their best possible functional level. Recovery
3 Services emphasize the Client’s central role in managing their health, use effective self-management
4 support strategies, and organize internal and community resources to provide ongoing self-management
5 support to beneficiaries. Clients may receive Recovery Services based on self-assessment or provider
6 assessment of relapse risk. Clients do not need to be diagnosed as being in remission to access Recovery
7 Services. Clients may receive Recovery Services while receiving MAT services, including NTP
8 services. Clients may receive Recovery Services immediately after incarceration with a prior diagnosis
9 of SUD. Recovery Services can be delivered and claimed as a standalone service, concurrently with
10 other levels of care, or as a service delivered as part of these levels of care. The components of
11 Recovery Services are:

- 12 1) Assessment
- 13 2) Care Coordination
- 14 3) Counseling (individual and group)
- 15 4) Family therapy
- 16 5) Recovery Monitoring: Recovery coaching and monitoring designed for the
17 maximum reduction of the Client’s SUD
- 18 6) Relapse Prevention, which includes interventions designed to teach Clients with
19 SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the Client’s
20 SUD.

21 q. Health, Medical, Psychiatric, And Emergency Services – CONTRACTOR shall ensure
22 that all persons admitted for outpatient treatment services have a health questionnaire completed using
23 form DHCS 5103 or may develop their own form provided it contains, at a minimum, the information
24 requested in the DHCS 5103 form.

25 1) The health questionnaire is a Client's self-assessment of his/her current health
26 status and shall be completed by Client prior to admission during the screening process.

27 i) CONTRACTOR shall review and approve the health questionnaire form prior
28 to Client's admission to the program. The completed health questionnaire shall be signed and dated by
29 staff and Client.

30 ii) A copy of the signed questionnaire shall be filed in the Client's file.

31 2) CONTRACTOR shall, based on information provided by Client on the health
32 questionnaire form, refer Client to licensed medical professionals for physical and laboratory
33 examinations, as appropriate.

34 i) CONTRACTOR shall obtain a copy of Client's medical clearance or release
35 prior to Client's admission to the program when applicable.

36 ii) A copy of the referral and medical clearance or release shall be filed in the
37 Client's file.

1 3) CONTRACTOR shall provide directly or by referral: HIV education, voluntary,
2 confidential HIV antibody testing and risk assessment and disclosure counseling.

3 4) CONTRACTOR shall have and post written procedures for obtaining medical or
4 psychiatric evaluation and emergency services.

5 5) CONTRACTOR shall have readily available the name, address, and telephone
6 number for the fire department, a crisis center, local law enforcement, and a paramedical unit or
7 ambulance service.

8 6) CONTRACTOR shall obtain the medical records and record the Client's medical
9 information in their file including all applicable authorizations to disclose information, primary care
10 physician (PCP) name and location, medical history (including the latest physical examination),
11 medications and significant conditions. CONTRACTOR will notify the medical home provider
12 immediately upon intake and shall request medical records within one (1) week. After review of medical
13 records received, the Medical Director of the CONTRACTOR shall consult with the PCP at the medical
14 home to ensure proper coordination of care within thirty (30) calendar days. If medication is prescribed,
15 SUD clinical staff shall notify the medical home provider within one (1) week of prescribing the
16 medication. If no medical home is identified, CONTRACTOR shall discuss with Client and or
17 caregivers the benefits of coordinated/integrated care and identifying a medical home shall be a goal on
18 the treatment plan. All progress towards and attempts to link Client's to a medical home shall be
19 documented in the Client's file.

20 I. SUBSTANCE USE SCREENING

21 1. CONTRACTOR shall have a written policy and procedure statement regarding alcohol and
22 drug screening that includes unannounced drug and/or alcohol testing upon admission to the program
23 and at a minimum of once a month and more often in situations where there is suspicion of use. The
24 urine specimen collection shall be observed by sex-congruent staff. This policy shall be approved by
25 ADMINISTRATOR. A Client shall not be denied admittance to treatment for a positive alcohol and/or
26 drug screen at admission if they meet all other criteria for admission. For those situations where drug
27 screening is deemed appropriate and necessary, CONTRACTOR shall:

28 a. Establish procedures that protect against the falsification and/or contamination of any
29 body specimen sample collected for drug screening;

30 b. Have all urine specimen collection be observed by sex-congruent staff;

31 c. Document results of the drug screening in the Client's record; and

32 d. Place a copy of on-site testing results in the Client's record indicating the outcome and
33 include the signature and date of the Client and staff conducting the testing.

34 2. Drug and/or alcohol test results can be used to assist in diagnosis, confirm clinical
35 impressions, help modify the treatment plan, and determine the extent of the Client's reduction in
36 substance use. However, clinical decisions should not be based solely on these results.

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1 3. In the event CONTRACTOR wishes to utilize the COUNTY-contracted laboratory for drug
2 screening purposes, CONTRACTOR shall collect and label samples from Clients.

3 4. Drug and/or Alcohol testing is not a DMC reimbursable service and is not to be conducted
4 during an Individual or Group session.

5 J. PERFORMANCE OBJECTIVES – CONTRACTOR shall achieve performance objectives for
6 each Period, tracking and reporting Performance Outcome Objective statistics in monthly programmatic
7 reports, as appropriate. ADMINISTRATOR recognizes that alterations may be necessary to the
8 following services to meet the objectives, and, therefore, revisions to objectives and services may be
9 implemented by mutual agreement between CONTRACTOR and ADMINISTRATOR.

10 1. Objective 1: CONTRACTOR shall provide effective outpatient services to Clients as
11 measured by Retention Rates. Retention is measured by determining whether or not a Client
12 participated in a minimum number of clinical services over a period of forty-five (45) calendar days.
13 Fifty percent (50%) of Clients are retained.

14 2. Objective 2: CONTRACTOR shall provide effective outpatient services to Clients, as
15 measured by satisfactory treatment progress at discharge. Fifty percent (50%) of Clients discharged
16 have made satisfactory progress in treatment as per the CalOMS discharge disposition.

17 3. Objective 3: Seventy-five percent (75%) of Clients who complete a satisfaction survey
18 agree or strongly agree that they are “overall satisfied with the services received” and seventy-five
19 percent (75%) of Clients will agree or strongly agree that they would recommend the program to
20 someone they know.

21 K. MEETINGS – CONTRACTOR’s Executive Director and Chief Financial Officer or designees
22 shall participate in monthly meetings facilitated by ADMINISTRATOR related to the provision of
23 services pursuant to this Contract. Active participation in regular SUD Quality Improvement (QI)
24 Coordinator’s meetings organized by the Authority and Quality Improvement Services (AQIS) Quality
25 Management program is required for at least one dedicated program QI coordinator/professional.

26 L. CULTURAL COMPETENCY – CONTRACTOR shall provide culturally competent services.
27 CONTRACTOR shall make its best effort to provide services pursuant to the Contract in a manner that
28 is culturally and linguistically appropriate for the population(s) served. CONTRACTOR must ensure
29 that their policies, procedures, and practices are consistent with the principles outlined and are
30 embedded in the organizational structure, as well as being upheld in day-to-day operations.
31 CONTRACTOR shall maintain documentation of such efforts which may include, but not be limited to:
32 records of participation in COUNTY-sponsored or other applicable training; recruitment and hiring
33 policies and procedures; copies of literature in multiple languages and formats, as appropriate; and
34 descriptions of measures taken to enhance accessibility for, and sensitivity to, individuals who are
35 physically challenged. CONTRACTOR shall refer to Culturally and Linguistically Appropriate
36 Services (CLAS) adapted by DHCS to develop culturally informed services.

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1 M. CONTRACTOR shall include bilingual/bicultural services to meet the needs of threshold
 2 languages as determined by COUNTY. Language translation services must be available for beneficiaries
 3 and their involved family members, as needed. Whenever possible, bilingual/bicultural staff should be
 4 retained. Any clinical vacancies occurring at a time when bilingual and bicultural composition of the
 5 clinical staffing does not meet the above requirement must be filled with bilingual and bicultural staff
 6 unless ADMINISTRATOR consents, in advance and in writing, to the filling of those positions with
 7 non-bilingual staff. Salary savings resulting from such vacant positions may not be
 8 used to cover costs other than salaries and employees benefits unless otherwise authorized, in advance
 9 and in writing, by ADMINISTRATOR.

10 N. POSTINGS – CONTRACTOR shall post the following in a prominent place within the facility:

- 11 1. State Licensure and Certification
- 12 2. Business License
- 13 3. Conditional Use Permit (if applicable)
- 14 4. Fire clearance
- 15 5. Client rights
- 16 6. Grievance procedure
- 17 7. Availability of translation services at no cost
- 18 8. Employee Code of Conduct
- 19 9. Evacuation floor plan
- 20 10. Equal Employment Opportunity notices
- 21 11. Name, address, telephone number for fire department, crisis program, local law
 22 enforcement, and ambulance service.
- 23 12. List of resources within Orange County which shall include medical, dental, mental health,
 24 public health, social services and where to apply for determination of eligibility for Federal, State, or
 25 County entitlement programs.
- 26 13. Information on self-help meetings. AA, NA, and non-12 step meetings shall be included.

27 O. CONTRACTOR shall utilize protocols developed and supported by CONTRACTOR’s Medical
 28 Director. These protocols shall provide procedures should a Client’s condition deteriorate and appear to
 29 need medical intervention.

30 P. NO PROSELYTIZING POLICY – CONTRACTOR shall not conduct any proselytizing
 31 activities, regardless of funding sources, with respect to any person who has been referred to
 32 CONTRACTOR by COUNTY under the terms of this Contract. Further, CONTRACTOR agrees that
 33 the funds provided hereunder shall not be used to promote, directly or indirectly, any religion, religious
 34 creed or cult, denomination or sectarian institution, or religious belief.

35 Q. AUTHORITY – CONTRACTOR shall recognize the authority of Orange County Probation
 36 Department (OCPD) as officers of the court and shall extend cooperation to OCPD within the
 37 constraints of CONTRACTOR’s program.

1 R. NON-SMOKING POLICY – CONTRACTOR shall establish a written non-smoking policy,
2 which shall be reviewed and approved by ADMINISTRATOR. At a minimum, the non-smoking policy
3 shall specify the facilities are "smoke free" and Clients are prohibited from smoking at all times. The
4 policy shall also specify that vaping is prohibited at all times.

5 S. OPIOID OVERDOSE EMERGENCY TREATMENT – CONTRACTOR shall have available
6 at minimum two (2) unexpired Naloxone doses for the treatment of known or suspected opioid
7 overdose. At least one (1) staff per shift shall be trained in administering the Naloxone. Naloxone is
8 not a substitute for emergency medical care. CONTRACTOR shall always seek emergency medical
9 assistance in the event of a suspected, potentially life-threatening opioid emergency.

10 T. TOKENS – ADMINISTRATOR will provide CONTRACTOR the necessary number of Tokens
11 for appropriate individual staff to access IRIS at no cost to CONTRACTOR.

12 1. CONTRACTOR recognizes Tokens are assigned to a specific individual staff member with
13 a unique password. Tokens and passwords shall not be shared with anyone.

14 2. CONTRACTOR shall maintain an inventory of the Tokens, by serial number, and the staff
15 member to whom each is assigned.

16 3. CONTRACTOR shall indicate in the monthly staffing report, the serial number of the
17 Token for each staff member assigned a Token.

18 4. CONTRACTOR shall return to ADMINISTRATOR all Tokens under the following
19 conditions:

- 20 a. Token of each staff member who no longer supports the Contract.
- 21 b. Token of each staff member who no longer requires access to the IRIS.
- 22 c. Token of each staff member who leaves employment of CONTRACTOR.
- 23 d. Tokens malfunctioning.
- 24 e. Termination of this Contract.

25 5. ADMINISTRATOR will issue tokens for CONTRACTOR's staff members who require
26 access to the IRIS upon initial training or as a replacement for malfunctioning Tokens.

27 6. CONTRACTOR shall reimburse COUNTY for tokens lost, stolen, or damaged through acts
28 of negligence.

29 7. CONTRACTOR shall input all IRIS data following COUNTY procedure and practice. All
30 statistical data used to monitor CONTRACTOR shall be compiled using only COUNTY IRIS reports, if
31 available, and if applicable.

32 U. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of
33 CONTRACTOR's administrative and program P&Ps. CONTRACTOR shall provide signature
34 confirmation of its P&P training for each staff member and place in their personnel files.

35 V. CONTRACTOR shall ensure that all staff responsible for input into IRIS are to complete IRIS
36 New User Training.

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1 W. CONTRACTOR shall conduct Supervisory Review of Client records at minimum upon
2 admission, at thirty (30) calendar day intervals, and upon discharge in accordance with procedures
3 developed by ADMINISTRATOR. CONTRACTOR shall ensure that all chart documentation complies
4 with all federal, state, and local guidelines and standards.

5 X. CONTRACTOR shall provide effective Administrative management of the budget, staffing,
6 recording, and reporting portion of this Contract with COUNTY. If administrative responsibilities are
7 delegated to subcontractors, CONTRACTOR must ensure that any subcontractor(s) possess the
8 qualifications and capacity to perform all delegated responsibilities. These responsibilities include, but
9 are not limited, to the following:

- 10 1. Designate the responsible position(s) in your organization for managing the funds allocated
- 11 to the program;
- 12 2. Maximize the use of the allocated funds;
- 13 3. Ensure timely and accurate reporting of monthly expenditures;
- 14 4. Maintain appropriate staffing levels;
- 15 5. Request budget and/or staffing modifications to the Contract;
- 16 6. Effectively communicate and monitor the program for its success;
- 17 7. Track and report expenditures electronically;
- 18 8. Maintain electronic and telephone communication between CONTRACTOR and
- 19 ADMINISTRATOR; and,
- 20 9. Act quickly to identify and solve problems.

21 Y. WORKLOAD STANDARDS – SUD OUTPATIENT CASELOAD – CONTRACTOR shall
22 maintain an average monthly caseload of thirty (30) Participants per clinical FTE.

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

27 AA. CONTRACTOR shall comply with the provisions of the ADMINISTRATOR’S Implementation
28 Plan as approved by DHCS.

29 AB. CONTRACTOR shall notify ADMINISTRATOR, in writing, within seventy-two (72) hours, of
30 any significant program changes.

31 AC. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
32 Services Paragraph of this Exhibit A to the Contract.

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VI. STAFFING

1
2 A. CONTRACTOR shall ensure that all clinical staffing, including those providing direct Client
3 services, meet the requirements of Title 22, Title 9 of the CCR and CalAIM DMC-ODS program
4 updates as they exist now or may hereafter be amended or changed and all standards of the Department
5 of Health Care Services.

6 B. CONTRACTOR shall ensure that administrative staffing is sufficient to support the
7 performance of services pursuant to the Contract.

8 C. Professional staff shall be licensed, registered, certified or recognized under California scope of
9 practice statutes. Professional staff shall provide services within their individual scope of practice and
10 receive supervision required under their scope of practice laws.

11 D. Professional staff shall undergo the HCA credentialing process by the AQIS Managed Care
12 Support Team (MCST) prior to rendering any Medi-Cal covered services.

13 1. CONTRACTOR shall comply with the requirements of the State's established, uniform
14 credentialing and re-credentialing policy that addresses behavioral and substance use disorders, outlined
15 in DHCS Information Notice 18-019.

16 2. CONTRACTOR shall follow COUNTY's process for credentialing and re-credentialing of
17 network providers and shall ensure that all registered, licensed, or certified staff who deliver Medi-Cal
18 covered services are properly credentialled by COUNTY before delivering any Medi-Cal covered
19 services.

20 E. Non-professional staff shall receive appropriate onsite orientation and training prior to
21 performing assigned duties. Non-professional staff shall be supervised by professional and/or
22 administrative staff.

23 F. Professional and Non-professional staff are required to have appropriate experience and any
24 necessary training at the time of hiring.

25 G. Registered and certified SUD counselors shall adhere to all requirements in the CCR, Title 9,
26 Division 4, Chapter 8.

27 H. Substance Use Disorder Staffing levels and qualifications shall meet the requirements of the
28 State Department of Health Care Services (DHCS) Counselor Certification Standards for California for
29 Outpatient Services and CCR, Title 9, Chapter 8. All staff providing treatment services shall be licensed
30 and/or certified in accordance with state requirements, and professional guidelines, as applicable.
31 At least thirty percent (30%) of staff providing counseling (group, individual, case management, and
32 intake) services in all AOD programs shall be licensed or certified pursuant to the requirements of Title
33 9, Division 4, Chapter 8. All other counseling staff shall be registered pursuant to Section 13035(f).

34 I. CONTRACTOR must have a Medical Director who, prior to the delivery of services under this
35 CONTRACT with COUNTY has enrolled with DHCS under applicable state regulations, has been
36 screened in accordance with 42 CFR 455.450(a) as a "limited" categorical risk within a year prior to
37 serving as a Medical Director under this CONTRACT.

- 1 1. The Medical Director's responsibilities shall, at a minimum include all of the following:
- 2 a. Ensure that medical care provided by physicians, registered nurse practitioners, and
- 3 physician assistants meets the applicable standard of care;
- 4 b. Ensure that physicians do not delegate their duties to non-physician personnel;
- 5 c. Develop and implement medical policies and standards for the provider;
- 6 d. Ensure that physicians, registered nurse practitioners, and physician assistants follow
- 7 the provider's medical policies and standards;
- 8 e. Ensure that the medical decisions made by physicians are not influenced by fiscal
- 9 considerations;
- 10 f. Ensure that provider's physicians and LPHAs are adequately trained to perform
- 11 diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for
- 12 beneficiaries;
- 13 g. Ensure that provider's physicians are adequately trained to perform other physician
- 14 duties, as outlined in this section.

15 2. The substance use disorder Medical Director may delegate his/her responsibilities to a

16 physician consistent with the provider's medical policies and standards; however, the substance use

17 disorder Medical Director shall remain responsible for ensuring all delegated duties are properly

18 performed.

19 3. Written roles and responsibilities and a code of conduct for the Medical Director shall be

20 clearly documented, signed and dated by a provider representative and the physician.

21 J. Quality Assurance staff to track data outcomes and report on ability to meet performance

22 objectives and ensure file compliance with this Contract and the DMC-ODS Implementation Plan.

23 K. CONTRACTOR's certification to participate in the DMC program shall automatically

24 terminate in the event CONTRACTOR or its owners, officers or directors are convicted of Medi-Cal

25 fraud, abuse or malfeasance. For purposes of this section, a conviction shall include a plea of guilty or

26 nolo contendere.

27 L. VOLUNTEERS/INTERNS – CONTRACTOR may augment the above paid staff with

28 volunteers or part-time student interns. Unless waived by ADMINISTRATOR, prior to providing

29 services pursuant to this Contract, interns shall be Master's Candidates in Counseling or Social Work or

30 have a Bachelor's Degree in a related field or be participating in any state recognized counselor

31 certification program. Additionally, volunteers or student interns must be AOD registered or certified.

32 CONTRACTOR shall provide supervision of work by interns or consistent with school or licensing

33 Board requirements. CONTRACTOR shall provide supervision to volunteers as specified in the

34 respective job descriptions or work contracts. Volunteer or student intern services may not comprise

35 more than twenty percent (20%) of the services provided, unless approved in advance by

36 ADMINISTRATOR. If utilizing the services of volunteers or student interns, CONTRACTOR shall

37 implement procedures which address the following: recruitment; screening; selection; training and

1 orientation; duties and assignments; scope of practice; supervision; evaluation; and Client
2 confidentiality.

3 M. CONTRACTOR shall develop a policy governing supervision of staff that will be approved by
4 ADMINISTRATOR. That policy will address the training needs and requirements of all staff.

5 N. CONTRACTOR shall provide ongoing supervision throughout all shifts to all staff, albeit paid
6 or unpaid, direct line staff or supervisors/directors, to enhance service quality and program
7 effectiveness. Supervision methods should include debriefings and consultation as needed, individual
8 supervision or one-on-one support, and team meetings. Supervision should be provided by a supervisor
9 who has extensive knowledge regarding substance use disorders.

10 O. STAFF CONDUCT – CONTRACTOR shall establish a written Policies and Procedures for
11 employees, volunteers, interns, and members of the Board of Directors which shall include, but not be
12 limited to: standards related to the use of drugs and/or alcohol; staff-Client relationships; prohibition of
13 sexual conduct with Clients; prohibition of forging or falsifying documents or drug tests; and real or
14 perceived conflict of interest. Situations that may be perceived as a conflict of interest shall be brought
15 to ADMINISTRATOR’s attention prior to the occurrence. Prior to providing any services pursuant to
16 this Contract all employees, volunteers, and interns shall agree in writing to maintain the standards set
17 forth in the said Policies and Procedures. A copy of the said Policies and Procedures shall be posted in
18 writing in a prominent place in the treatment facility and updated annually by the Board of Directors.

19 P. STAFF/VOLUNTEER/INTERN SCREENING – CONTRACTOR shall provide pre-
20 employment “live scan” screening of any staff person providing services pursuant to this Contract. All
21 new staff, volunteers, and interns shall pass a one-time “live scan” finger printing background check
22 prior to employment. All staff shall be subject to sanction screening as referenced in the Compliance
23 paragraph. All staff shall also be screened by Megan’s Law, OC Courts and OC Sheriff’s Department
24 on an annual basis. The results of the fingerprint checks will be sent directly from the Department of
25 Justice to CONTRACTOR. Results must remain in staff file.

26 1. All staff/volunteers/interns, prior to starting services, shall meet the following requirements:

27 a. No person shall have been convicted of a sex offense for which the person is required
28 to register as a sex offender under PC section 290;

29 b. No person shall have been convicted of an arson offense – Violation of PC sections
30 451, 451.1, 451.5, 452, 45231, 453, 454, or 455;

31 c. No person shall have been convicted of any violent felony as defined in PC section
32 667.5, which involves doing bodily harm to another person, for which the staff member was convicted
33 within five (5) years prior to employment;

34 d. No person shall be on parole or probation.

35 e. No person shall participate in the criminal activities of a criminal street gang and/or
36 prison gang; and

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1 f. No person shall have prior employment history of improper conduct, including but not
2 limited to, forging or falsifying documents or drug tests, sexual assault or sexual harassment, or
3 inappropriate behavior with staff or residents at another treatment Facility.

4 Q. STAFF TRAINING – CONTRACTOR shall develop a written plan for staff training. All Staff
5 training shall be documented and maintained as part of the training plan and shall adhere to
6 requirements set forth by HCA Authority and Quality Improvement Services Policies and Procedures.

7 1. All personnel shall be trained or shall have experience which provides knowledge of the
8 skills required in the following areas, as appropriate to the job assigned, and as evidenced by safe and
9 effective job performance:

- 10 a. General knowledge of alcohol and/or drug abuse and alcoholism and the principles of
11 recovery;
- 12 b. Housekeeping and sanitation principles;
- 13 c. Principles of communicable disease prevention and control;
- 14 d. Recognition of early signs of illness and the need for professional assistance;
- 15 e. Availability of community services and resources;
- 16 f. Recognition of individuals under the influence of alcohol and/or drugs;

17 2. CONTRACTOR shall ensure that within thirty (30) calendar days of hire and on an annual
18 basis, all program staff including administrator, volunteers, and interns shall complete:

- 19 a. Annual County Compliance Training;
- 20 b. A minimum of one (1) hour training in cultural competence annually;

21 3. In addition to the above, CONTRACTOR shall ensure that staff complete training as
22 follows:

23 a. Professional staff (Licensed Professionals of the Healing Arts), including Medical
24 Directors, shall receive a minimum of five (5) hours of continuing education related to substance use
25 disorders annually.

26 b. All providers, including volunteers and interns, providing DMC-ODS services are
27 required to be trained and complete at least once prior to providing services, the following two (2)
28 training modules:

29 i. American Society of Addiction Medicine (ASAM) Multidimensional Assessment
30 (sometimes referred to as ASAM-A or ASAM I).

31 ii. Assessment to Service Planning and Level of Care (sometimes referred to as
32 ASAM-B or ASAM II).

33 iii. This requirement applies to all physicians and Medical Directors regardless of their
34 role in the program and may only be waived for physicians/Medical Directors who are Board Certified
35 with an Addiction sub-specialty.

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1 c. All providers and administrators must receive training on DMC-ODS requirements at
2 least annually. These requirements will be contained in the COUNTY-developed Annual Provider
3 Training.

4 d. DMC-ODS/SUD documentation training within ninety (90) calendar days of hire is
5 mandatory for all clinical staff, all on-site Quality Management staff, and all supervisors; however,
6 compliant documentation is required from the onset of services;

7 e. Annual training in the two minimum evidence-based practices (EBP) utilized at the
8 program.

9 f. Motivational Interviewing must be taken at least once and will count as one EBP for
10 the year. CONTRACTOR may choose other EBP courses after;

11 f Naloxone Administration Training;

12 g. Additional trainings as required by ADMINISTRATOR.

13 R. PERSONNEL FILES – CONTRACTOR shall maintain personnel files and ensure continued
14 compliance with required credentials and trainings for each staff persons, including management and
15 other administrative positions, subcontractors, and volunteers/interns, both direct and indirect to the
16 Contract, which shall include, but not be limited to:

- 17 1. Application for employment and/or resume;
- 18 2. Signed employment confirmation statement/duty statement;
- 19 3. Job description;
- 20 4. Salary schedule and salary adjustment information;
- 21 5. Performance evaluations;
- 22 6. Health records/status as required by the provider, AOD Certification or Title 9;
- 23 7. Other personnel actions (e.g. commendations, discipline, status change, employment
24 incidents and/or injuries);
- 25 8. Training documentation relevant to substance use disorders and treatment;
- 26 9. Current registration, certification, intern status, or licensure;
- 27 10. Proof of continuing education required by licensing or certifying agency and program; and
- 28 11. CONTRACTOR's Code of Conduct and for registered, certified, and licensed staff, a copy
29 of the certifying/licensing body's code of conduct as well.

30 12. All personnel files shall be complete and made readily accessible to ADMINISTRATOR
31 for purposes of audits and investigations or any other reason deemed necessary by ADMINISTRATOR.

32 S. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
33 Staffing Paragraph of this Exhibit A to the Contract.

1 EXHIBIT B
 2 TO CONTRACT FOR PROVISION OF
 3 DRUG MEDI-CAL ADULT OUTPATIENT AND
 4 INTENSIVE OUTPATIENT SERVICES
 5 BETWEEN
 6 COUNTY OF ORANGE
 7 AND
 8 PHOENIX HOUSE ORANGE COUNTY, INC.
 9 JANUARY 1, 2023 THROUGH-JUNE 30, 2025

10
11 **I. BUSINESS ASSOCIATE CONTRACT**

12 A. GENERAL PROVISIONS AND RECITALS

13 1. The parties agree that the terms used, but not otherwise defined in the Common Terms and
14 Definitions Paragraph of Exhibit A to the Contract or in Subparagraph B below, shall have the same
15 meaning given to such terms under HIPAA, the HITECH Act, and their implementing regulations at 45
16 CFR Parts 160 and 164 (the HIPAA regulations) as they may exist now or be hereafter amended.

17 2. The parties agree that a business associate relationship under HIPAA, the HITECH Act,
18 and the HIPAA regulations between the CONTRACTOR and COUNTY arises to the extent that
19 CONTRACTOR performs, or delegates to subcontractors to perform, functions or activities on behalf of
20 COUNTY pursuant to, and as set forth in, the Contract that are described in the definition of “Business
21 Associate” in 45 CFR § 160.103.

22 3. The COUNTY wishes to disclose to CONTRACTOR certain information pursuant to the
23 terms of the Contract, some of which may constitute PHI, as defined below in Subparagraph B.10, to be
24 used or disclosed in the course of providing services and activities pursuant to, and as set forth, in the
25 Contract.

26 4. The parties intend to protect the privacy and provide for the security of PHI that may be
27 created, received, maintained, transmitted, used, or disclosed pursuant to the Contract in compliance
28 with the applicable standards, implementation specifications, and requirements of HIPAA, the HITECH
29 Act, and the HIPAA regulations as they may exist now or be hereafter amended.

30 5. The parties understand and acknowledge that HIPAA, the HITECH Act, and the HIPAA
31 regulations do not pre-empt any state statutes, rules, or regulations that are not otherwise pre-empted by
32 other Federal law(s) and impose more stringent requirements with respect to privacy of PHI.

33 6. The parties understand that the HIPAA Privacy and Security rules, as defined below in
34 Subparagraphs B.9 and B.14, apply to the CONTRACTOR in the same manner as they apply to the
35 covered entity (COUNTY). CONTRACTOR agrees therefore to be in compliance at all times with the
36 terms of this Business Associate Contract as it exists now or be hereafter updated with notice to
37 CONTRACTOR, and the applicable standards, implementation specifications, and requirements of the

1 Privacy and the Security rules, as they may exist now or be hereafter amended, with respect to PHI and
2 electronic PHI created, received, maintained, transmitted, used, or disclosed pursuant to the Contract.

3 B. DEFINITIONS

4 1. "Administrative Safeguards" are administrative actions, and policies and procedures, to
5 manage the selection, development, implementation, and maintenance of security measures to protect
6 electronic PHI and to manage the conduct of CONTRACTOR's workforce in relation to the protection
7 of that information.

8 2. "Breach" means the acquisition, access, use, or disclosure of PHI in a manner not permitted
9 under the HIPAA Privacy Rule which compromises the security or privacy of the PHI.

10 a. Breach excludes:

11 1) Any unintentional acquisition, access, or use of PHI by a workforce member or
12 person acting under the authority of CONTRACTOR or COUNTY, if such acquisition, access, or use
13 was made in good faith and within the scope of authority and does not result in further use or disclosure
14 in a manner not permitted under the Privacy Rule.

15 2) Any inadvertent disclosure by a person who is authorized to access PHI at
16 CONTRACTOR to another person authorized to access PHI at the CONTRACTOR, or organized health
17 care arrangement in which COUNTY participates, and the information received as a result of such
18 disclosure is not further used or disclosed in a manner not permitted under the HIPAA Privacy Rule.

19 3) A disclosure of PHI where CONTRACTOR or COUNTY has a good faith belief
20 that an unauthorized person to whom the disclosure was made would not reasonably have been able to
21 retain such information.

22 b. Except as provided in paragraph (a) of this definition, an acquisition, access, use, or
23 disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule is presumed to be a breach
24 unless CONTRACTOR demonstrates that there is a low probability that the PHI has been compromised
25 based on a risk assessment of at least the following Factors:

26 1) The nature and extent of the PHI involved, including the types of identifiers and the
27 likelihood of re-identification;

28 2) The unauthorized person who used the PHI or to whom the disclosure was made;

29 3) Whether the PHI was actually acquired or viewed; and

30 4) The extent to which the risk to the PHI has been mitigated.

31 3. "Data Aggregation" shall have the meaning given to such term under the HIPAA Privacy
32 Rule in 45 CFR § 164.501.

33 4. "DRS" shall have the meaning given to such term under the HIPAA Privacy Rule in 45
34 CFR § 164.501.

35 5. "Disclosure" shall have the meaning given to such term under the HIPAA regulations in 45
36 CFR § 160.103.

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1 6. "Health Care Operations" shall have the meaning given to such term under the HIPAA
2 Privacy Rule in 45 CFR § 164.501.

3 7. "Individual" shall have the meaning given to such term under the HIPAA Privacy Rule in
4 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance
5 with 45 CFR § 164.502(g).

6 8. "Physical Safeguards" are physical measures, policies, and procedures to protect
7 CONTRACTOR's electronic information systems and related buildings and equipment, from natural
8 and environmental hazards, and unauthorized intrusion.

9 9. "The HIPAA Privacy Rule" shall mean the Standards for Privacy of Individually
10 Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

11 10. "PHI" shall have the meaning given to such term under the HIPAA regulations in 45 CFR §
12 160.103.

13 11. "Required by Law" shall have the meaning given to such term under the HIPAA Privacy
14 Rule in 45 CFR § 164.103.

15 12. "Secretary" shall mean the Secretary of the Department of Health and Human Services or
16 his or her designee.

17 13. "Security Incident" means attempted or successful unauthorized access, use, disclosure,
18 modification, or destruction of information or interference with system operations in an information
19 system. "Security incident" does not include trivial incidents that occur on a daily basis, such as scans,
20 "pings", or unsuccessful attempts to penetrate computer networks or servers maintained by
21 CONTRACTOR.

22 14. "The HIPAA Security Rule" shall mean the Security Standards for the Protection of ePHI at
23 45 CFR Part 160, Part 162, and Part 164, Subparts A and C.

24 15. "Subcontractor" shall have the meaning given to such term under the HIPAA regulations in
25 45 CFR § 160.103.

26 16. "Technical safeguards" means the technology and the policy and procedures for its use that
27 protect ePHI and control access to it.

28 17. "Unsecured PHI" or "PHI that is unsecured" means PHI that is not rendered unusable,
29 unreadable, or indecipherable to unauthorized individuals through the use of a technology or
30 methodology specified by the Secretary of HHS in the guidance issued on the HHS Web site.

31 18. "Use" shall have the meaning given to such term under the HIPAA regulations in 45 CFR §
32 160.103.

33 C. OBLIGATIONS AND ACTIVITIES OF CONTRACTOR AS BUSINESS ASSOCIATE:

34 1. CONTRACTOR agrees not to use or further disclose PHI COUNTY discloses to
35 CONTRACTOR other than as permitted or required by this Business Associate Contract or as required
36 by law.

37 //

1 2. CONTRACTOR agrees to use appropriate safeguards, as provided for in this Business
2 Associate Contract and the Contract, to prevent use or disclosure of PHI COUNTY discloses to
3 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
4 other than as provided for by this Business Associate Contract.

5 3. CONTRACTOR agrees to comply with the HIPAA Security Rule at Subpart C of 45 CFR
6 Part 164 with respect to electronic PHI COUNTY discloses to CONTRACTOR or CONTRACTOR
7 creates, receives, maintains, or transmits on behalf of COUNTY.

8 4. CONTRACTOR agrees to mitigate, to the extent practicable, any harmful effect that is
9 known to CONTRACTOR of a Use or Disclosure of PHI by CONTRACTOR in violation of the
10 requirements of this Business Associate Contract.

11 5. CONTRACTOR agrees to report to COUNTY immediately any Use or Disclosure of PHI
12 not provided for by this Business Associate Contract of which CONTRACTOR becomes aware.
13 CONTRACTOR must report Breaches of Unsecured PHI in accordance with Subparagraph E below and
14 as required by 45 CFR § 164.410.

15 6. CONTRACTOR agrees to ensure that any Subcontractors that create, receive, maintain, or
16 transmit PHI on behalf of CONTRACTOR agree to the same restrictions and conditions that apply
17 through this Business Associate Contract to CONTRACTOR with respect to such information.

18 7. CONTRACTOR agrees to provide access, within fifteen (15) calendar days of receipt of a
19 written request by COUNTY, to PHI in a DRS, to COUNTY or, as directed by COUNTY, to an
20 Individual in order to meet the requirements under 45 CFR § 164.524. If CONTRACTOR maintains an
21 EHR with PHI, and an individual requests a copy of such information in an electronic format,
22 CONTRACTOR shall provide such information in an electronic format.

23 8. CONTRACTOR agrees to make any amendment(s) to PHI in a DRS that COUNTY directs
24 or agrees to pursuant to 45 CFR § 164.526 at the request of COUNTY or an Individual, within thirty
25 (30) calendar days of receipt of said request by COUNTY. CONTRACTOR agrees to notify COUNTY
26 in writing no later than ten (10) calendar days after said amendment is completed.

27 9. CONTRACTOR agrees to make internal practices, books, and records, including P&Ps,
28 relating to the use and disclosure of PHI received from, or created or received by CONTRACTOR on
29 behalf of, COUNTY available to COUNTY and the Secretary in a time and manner as determined by
30 COUNTY or as designated by the Secretary for purposes of the Secretary determining COUNTY's
31 compliance with the HIPAA Privacy Rule.

32 10. CONTRACTOR agrees to document any Disclosures of PHI COUNTY discloses to
33 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY,
34 and to make information related to such Disclosures available as would be required for COUNTY to
35 respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45
36 CFR § 164.528.

37 //

1 11. CONTRACTOR agrees to provide COUNTY or an Individual, as directed by COUNTY, in
2 a time and manner to be determined by COUNTY, that information collected in accordance with the
3 Contract, in order to permit COUNTY to respond to a request by an Individual for an accounting of
4 Disclosures of PHI in accordance with 45 CFR § 164.528.

5 12. CONTRACTOR agrees that to the extent CONTRACTOR carries out COUNTY's
6 obligation under the HIPAA Privacy and/or Security rules CONTRACTOR will comply with the
7 requirements of 45 CFR Part 164 that apply to COUNTY in the performance of such obligation.

8 13. If CONTRACTOR receives Social Security data from COUNTY provided to COUNTY by
9 a state agency, upon request by COUNTY, CONTRACTOR shall provide COUNTY with a list of all
10 employees, subcontractors, and agents who have access to the Social Security data, including
11 employees, agents, subcontractors, and agents of its subcontractors.

12 14. CONTRACTOR will notify COUNTY if CONTRACTOR is named as a defendant in a
13 criminal proceeding for a violation of HIPAA. COUNTY may terminate the Contract, if
14 CONTRACTOR is found guilty of a criminal violation in connection with HIPAA. COUNTY may
15 terminate the Contract, if a finding or stipulation that CONTRACTOR has violated any standard or
16 requirement of the privacy or security provisions of HIPAA, or other security or privacy laws are made
17 in any administrative or civil proceeding in which CONTRACTOR is a party or has been joined.
18 COUNTY will consider the nature and seriousness of the violation in deciding whether or not to
19 terminate the Contract.

20 15. CONTRACTOR shall make itself and any subcontractors, employees or agents assisting
21 CONTRACTOR in the performance of its obligations under the Contract, available to COUNTY at no
22 cost to COUNTY to testify as witnesses, or otherwise, in the event of litigation or administrative
23 proceedings being commenced against COUNTY, its directors, officers or employees based upon
24 claimed violation of HIPAA, the HIPAA regulations or other laws relating to security and privacy,
25 which involves inactions or actions by CONTRACTOR, except where CONTRACTOR or its
26 subcontractor, employee, or agent is a named adverse party.

27 16. The Parties acknowledge that federal and state laws relating to electronic data security and
28 privacy are rapidly evolving and that amendment of this Business Associate Contract may be required to
29 provide for procedures to ensure compliance with such developments. The Parties specifically agree to
30 take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH
31 Act, the HIPAA regulations and other applicable laws relating to the security or privacy of PHI. Upon
32 COUNTY's request, CONTRACTOR agrees to promptly enter into negotiations with COUNTY
33 concerning an amendment to this Business Associate Contract embodying written assurances consistent
34 with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other
35 applicable laws. COUNTY may terminate the Contract upon thirty (30) days written notice in the event:

36 a. CONTRACTOR does not promptly enter into negotiations to amend this Business
37 Associate Contract when requested by COUNTY pursuant to this Subparagraph F; or

1 b. CONTRACTOR does not enter into an amendment providing assurances regarding the
2 safeguarding of PHI that COUNTY deems are necessary to satisfy the standards and requirements of
3 HIPAA, the HITECH Act, and the HIPAA regulations.

4 17. CONTRACTOR shall work with COUNTY upon notification by CONTRACTOR to
5 COUNTY of a Breach to properly determine if any Breach exclusions exist as defined in Subparagraph
6 B.2.a above.

7 D. SECURITY RULE

8 1. CONTRACTOR shall comply with the requirements of 45 CFR § 164.306 and establish
9 and maintain appropriate Administrative, Physical and Technical Safeguards in accordance with 45 CFR
10 § 164.308, § 164.310, and § 164.312, with respect to electronic PHI COUNTY discloses to
11 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY.
12 CONTRACTOR shall develop and maintain a written information privacy and security program that
13 includes Administrative, Physical, and Technical Safeguards appropriate to the size and complexity of
14 CONTRACTOR's operations and the nature and scope of its activities.

15 2. CONTRACTOR shall implement reasonable and appropriate policies and procedures to
16 comply with the standards, implementation specifications and other requirements of 45 CFR Part 164,
17 Subpart C, in compliance with 45 CFR § 164.316. CONTRACTOR will provide COUNTY with its
18 current and updated policies upon request.

19 3. CONTRACTOR shall ensure the continuous security of all computerized data systems
20 containing electronic PHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives,
21 maintains, or transmits on behalf of COUNTY. CONTRACTOR shall protect paper documents
22 containing PHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives,
23 maintains, or transmits on behalf of COUNTY. These steps shall include, at a minimum:

24 a. Complying with all of the data system security precautions listed under Subparagraphs
25 E, below;

26 b. Achieving and maintaining compliance with the HIPAA Security Rule, as necessary in
27 conducting operations on behalf of COUNTY;

28 c. Providing a level and scope of security that is at least comparable to the level and scope
29 of security established by the OMB in OMB Circular No. A-130, Appendix III – Security of Federal
30 Automated Information Systems, which sets forth guidelines for automated information systems in
31 Federal agencies;

32 4. CONTRACTOR shall ensure that any subcontractors that create, receive, maintain, or
33 transmit ePHI on behalf of CONTRACTOR agree through a contract with CONTRACTOR to the same
34 restrictions and requirements contained in this Subparagraph D of this Business Associate Contract.

35 5. CONTRACTOR shall report to COUNTY immediately any Security Incident of which it
36 becomes aware. CONTRACTOR shall report Breaches of Unsecured PHI in accordance with
37 Subparagraph E below and as required by 45 CFR § 164.410.

1 6. CONTRACTOR shall designate a Security Officer to oversee its data security program who
2 shall be responsible for carrying out the requirements of this paragraph and for communicating on
3 security matters with COUNTY.

4 E. DATA SECURITY REQUIREMENTS

5 1. Personal Controls

6 a. Employee Training. All workforce members who assist in the performance of
7 functions or activities on behalf of COUNTY in connection with Contract, or access or disclose PHI
8 COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on
9 behalf of COUNTY, must complete information privacy and security training, at least annually, at
10 CONTRACTOR's expense. Each workforce member who receives information privacy and security
11 training must sign a certification, indicating the member's name and the date on which the training was
12 completed. These certifications must be retained for a period of six (6) years following the termination
13 of Contract.

14 b. Employee Discipline. Appropriate sanctions must be applied against workforce
15 members who fail to comply with any provisions of CONTRACTOR's privacy P&Ps, including
16 termination of employment where appropriate.

17 c. Confidentiality Statement. All persons that will be working with PHI COUNTY
18 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of
19 COUNTY must sign a confidentiality statement that includes, at a minimum, General Use, Security and
20 Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The statement must be signed by the
21 workforce member prior to access to such PHI. The statement must be renewed annually. The
22 CONTRACTOR shall retain each person's written confidentiality statement for COUNTY inspection
23 for a period of six (6) years following the termination of the Contract.

24 d. Background Check. Before a member of the workforce may access PHI COUNTY
25 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of
26 COUNTY, a background screening of that worker must be conducted. The screening should be
27 commensurate with the risk and magnitude of harm the employee could cause, with more thorough
28 screening being done for those employees who are authorized to bypass significant technical and
29 operational security controls. The CONTRACTOR shall retain each workforce member's background
30 check documentation for a period of three (3) years.

31 2. Technical Security Controls

32 a. Workstation/Laptop encryption. All workstations and laptops that store PHI COUNTY
33 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of
34 COUNTY either directly or temporarily must be encrypted using a FIPS 140-2 certified algorithm
35 which is 128bit or higher, such as AES. The encryption solution must be full disk unless approved by
36 the COUNTY.

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1 b. Server Security. Servers containing unencrypted PHI COUNTY discloses to
2 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
3 must have sufficient administrative, physical, and technical controls in place to protect that data, based
4 upon a risk assessment/system security review.

5 c. Minimum Necessary. Only the minimum necessary amount of PHI COUNTY discloses
6 to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
7 required to perform necessary business functions may be copied, downloaded, or exported.

8 d. Removable media devices. All electronic files that contain PHI COUNTY discloses to
9 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
10 must be encrypted when stored on any removable media or portable device (i.e. USB thumb drives,
11 floppies, CD/DVD, Blackberry, backup tapes etc.). Encryption must be a FIPS 140–2 certified
12 algorithm which is 128bit or higher, such as AES. Such PHI shall not be considered “removed from the
13 premises” if it is only being transported from one of CONTRACTOR’s locations to another of
14 CONTRACTOR’s locations.

15 e. Antivirus software. 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 installed and actively use comprehensive anti–virus
18 software solution with automatic updates scheduled at least daily.

19 f. Patch Management. All workstations, laptops and other systems that process and/or
20 store PHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or
21 transmits on behalf of COUNTY must have critical security patches applied, with system reboot if
22 necessary. There must be a documented patch management process which determines installation
23 timeframe based on risk assessment and vendor recommendations. At a maximum, all applicable
24 patches must be installed within thirty (30) days of vendor release. Applications and systems that
25 cannot be patched due to operational reasons must have compensatory controls implemented to
26 minimize risk, where possible.

27 g. User IDs and Password Controls. All users must be issued a unique user name for
28 accessing PHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains,
29 or transmits on behalf of COUNTY. Username must be promptly disabled, deleted, or the password
30 changed upon the transfer or termination of an employee with knowledge of the password, at maximum
31 within twenty–four (24) hours. Passwords are not to be shared. Passwords must be at least eight
32 characters and must be a non–dictionary word. Passwords must not be stored in readable format on the
33 computer. Passwords must be changed every ninety (90) days, preferably every sixty (60) days.
34 Passwords must be changed if revealed or compromised. Passwords must be composed of characters
35 from at least three (3) of the following four (4) groups from the standard keyboard:

- 36 1) Upper case letters (A–Z)
- 37 2) Lower case letters (a–z)

1 3) Arabic numerals (0–9)

2 4) Non–alphanumeric characters (punctuation symbols)

3 h. Data Destruction. When no longer needed, all PHI COUNTY discloses to
4 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
5 must be wiped using the Gutmann or US DoD 5220.22–M (7 Pass) standard, or by degaussing. Media
6 may also be physically destroyed in accordance with NIST Special Publication 800–88. Other methods
7 require prior written permission by COUNTY.

8 i. System Timeout. The system providing access to PHI COUNTY discloses to
9 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
10 must provide an automatic timeout, requiring re–authentication of the user session after no more than
11 twenty (20) minutes of inactivity.

12 j. Warning Banners. All systems providing access to PHI COUNTY discloses to
13 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
14 must display a warning banner stating that data is confidential, systems are logged, and system use is for
15 business purposes only by authorized users. User must be directed to log off the system if they do not
16 agree with these requirements.

17 k. System Logging. The system must maintain an automated audit trail which can
18 identify the user or system process which initiates a request for PHI COUNTY discloses to
19 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY,
20 or which alters such PHI. The audit trail must be date and time stamped, must log both successful and
21 failed accesses, must be read only, and must be restricted to authorized users. If such PHI is stored in a
22 database, database logging functionality must be enabled. Audit trail data must be archived for at least
23 three (3) years after occurrence.

24 l. Access Controls. The system providing access to PHI COUNTY discloses to
25 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
26 must use role based access controls for all user authentications, enforcing the principle of least privilege.

27 m. Transmission encryption. All data transmissions of PHI COUNTY discloses to
28 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
29 outside the secure internal network must be encrypted using a FIPS 140–2 certified algorithm which is
30 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files
31 containing PHI can be encrypted. This requirement pertains to any type of PHI in motion such as
32 website access, file transfer, and E–Mail.

33 n. Intrusion Detection. All systems involved in accessing, holding, transporting, and
34 protecting PHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains,
35 or transmits on behalf of COUNTY that are accessible via the Internet must be protected by a
36 comprehensive intrusion detection and prevention solution.

37 3. Audit Controls

1 a. System Security Review. CONTRACTOR must ensure audit control mechanisms that
2 record and examine system activity are in place. All systems processing and/or storing PHI COUNTY
3 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of
4 COUNTY must have at least an annual system risk assessment/security review which provides
5 assurance that administrative, physical, and technical controls are functioning effectively and providing
6 adequate levels of protection. Reviews should include vulnerability scanning tools.

7 b. Log Reviews. All systems processing and/or storing PHI COUNTY discloses to
8 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
9 must have a routine procedure in place to review system logs for unauthorized access.

10 c. Change Control. All systems processing and/or storing PHI COUNTY discloses to
11 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
12 must have a documented change control procedure that ensures separation of duties and protects the
13 confidentiality, integrity and availability of data.

14 4. Business Continuity/Disaster Recovery Control

15 a. Emergency Mode Operation Plan. CONTRACTOR must establish a documented plan
16 to enable continuation of critical business processes and protection of the security of PHI COUNTY
17 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of
18 COUNTY kept in an electronic format in the event of an emergency. Emergency means any
19 circumstance or situation that causes normal computer operations to become unavailable for use in
20 performing the work required under this Contract for more than twenty-four (24) hours.

21 b. Data Backup Plan. CONTRACTOR must have established documented procedures to
22 backup such PHI to maintain retrievable exact copies of the PHI. The plan must include a regular
23 schedule for making backups, storing backup offsite, an inventory of backup media, and an estimate of
24 the amount of time needed to restore DHCS PHI or PI should it be lost. At a minimum, the schedule
25 must be a weekly full backup and monthly offsite storage of DHCS data. BCP for contractor and
26 COUNTY (e.g. the application owner) must merge with the DRP.

27 5. Paper Document Controls

28 a. Supervision of Data. PHI COUNTY discloses to CONTRACTOR or CONTRACTOR
29 creates, receives, maintains, or transmits on behalf of COUNTY in paper form shall not be left
30 unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means
31 that information is not being observed by an employee authorized to access the information. Such PHI
32 in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in
33 baggage on commercial airplanes.

34 b. Escorting Visitors. Visitors to areas where PHI COUNTY discloses to
35 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY is
36 contained shall be escorted and such PHI shall be kept out of sight while visitors are in the area.

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1 c. Confidential Destruction. PHI COUNTY discloses to CONTRACTOR or
2 CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY must be disposed of
3 through confidential means, such as cross cut shredding and pulverizing.

4 d. Removal of Data. PHI COUNTY discloses to CONTRACTOR or CONTRACTOR
5 creates, receives, maintains, or transmits on behalf of COUNTY must not be removed from the premises
6 of the CONTRACTOR except with express written permission of COUNTY.

7 e. Faxing. Faxes containing PHI COUNTY discloses to CONTRACTOR or
8 CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY shall not be left
9 unattended and fax machines shall be in secure areas. Faxes shall contain a confidentiality statement
10 notifying persons receiving faxes in error to destroy them. Fax numbers shall be verified with the
11 intended recipient before sending the fax.

12 f. Mailing. Mailings containing PHI COUNTY discloses to CONTRACTOR or
13 CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY shall be sealed and
14 secured from damage or inappropriate viewing of PHI to the extent possible. Mailings which include
15 five hundred (500) or more individually identifiable records containing PHI COUNTY discloses to
16 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY in
17 a single package shall be sent using a tracked mailing method which includes verification of delivery
18 and receipt, unless the prior written permission of COUNTY to use another method is obtained.

19 F. BREACH DISCOVERY AND NOTIFICATION

20 1. Following the discovery of a Breach of Unsecured PHI, CONTRACTOR shall notify
21 COUNTY of such Breach, however both parties agree to a delay in the notification if so advised by a
22 law enforcement official pursuant to 45 CFR § 164.412.

23 a. A Breach shall be treated as discovered by CONTRACTOR as of the first day on which
24 such Breach is known to CONTRACTOR or, by exercising reasonable diligence, would have been
25 known to CONTRACTOR.

26 b. CONTRACTOR shall be deemed to have knowledge of a Breach, if the Breach is
27 known, or by exercising reasonable diligence would have known, to any person who is an employee,
28 officer, or other agent of CONTRACTOR, as determined by federal common law of agency.

29 2. CONTRACTOR shall provide the notification of the Breach immediately to the COUNTY
30 Privacy Officer. CONTRACTOR's notification may be oral, but shall be followed by written
31 notification within twenty-four (24) hours of the oral notification.

32 3. CONTRACTOR's notification shall include, to the extent possible:

33 a. The identification of each Individual whose Unsecured PHI has been, or is reasonably
34 believed by CONTRACTOR to have been, accessed, acquired, used, or disclosed during the Breach;

35 b. Any other information that COUNTY is required to include in the notification to
36 Individual under 45 CFR §164.404 (c) at the time CONTRACTOR is required to notify COUNTY or
37 //

1 promptly thereafter as this information becomes available, even after the regulatory sixty (60) day
2 period set forth in 45 CFR § 164.410 (b) has elapsed, including:

3 1) A brief description of what happened, including the date of the Breach and the date
4 of the discovery of the Breach, if known;

5 2) A description of the types of Unsecured PHI that were involved in the Breach (such
6 as whether full name, social security number, date of birth, home address, account number, diagnosis,
7 disability code, or other types of information were involved);

8 3) Any steps Individuals should take to protect themselves from potential harm
9 resulting from the Breach;

10 4) A brief description of what CONTRACTOR is doing to investigate the Breach, to
11 mitigate harm to Individuals, and to protect against any future Breaches; and

12 5) Contact procedures for Individuals to ask questions or learn additional information,
13 which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

14 4. COUNTY may require CONTRACTOR to provide notice to the Individual as required in
15 45 CFR § 164.404, if it is reasonable to do so under the circumstances, at the sole discretion of the
16 COUNTY.

17 5. In the event that CONTRACTOR is responsible for a Breach of Unsecured PHI in violation
18 of the HIPAA Privacy Rule, CONTRACTOR shall have the burden of demonstrating that
19 CONTRACTOR made all notifications to COUNTY consistent with this Subparagraph F and as
20 required by the Breach notification regulations, or, in the alternative, that the acquisition, access, use, or
21 disclosure of PHI did not constitute a Breach.

22 6. CONTRACTOR shall maintain documentation of all required notifications of a Breach or
23 its risk assessment under 45 CFR § 164.402 to demonstrate that a Breach did not occur.

24 7. CONTRACTOR shall provide to COUNTY all specific and pertinent information about the
25 Breach, including the information listed in Section E.3.b.(1)–(5) above, if not yet provided, to permit
26 COUNTY to meet its notification obligations under Subpart D of 45 CFR Part 164 as soon as
27 practicable, but in no event later than fifteen (15) calendar days after CONTRACTOR's initial report of
28 the Breach to COUNTY pursuant to Subparagraph F.2 above.

29 8. CONTRACTOR shall continue to provide all additional pertinent information about the
30 Breach to COUNTY as it may become available, in reporting increments of five (5) business days after
31 the last report to COUNTY. CONTRACTOR shall also respond in good faith to any reasonable
32 requests for further information, or follow-up information after report to COUNTY, when such request
33 is made by COUNTY.

34 9. If the Breach is the fault of CONTRACTOR, CONTRACTOR shall bear all expense or
35 other costs associated with the Breach and shall reimburse COUNTY for all expenses COUNTY incurs
36 in addressing the Breach and consequences thereof, including costs of investigation, notification,
37 remediation, documentation or other costs associated with addressing the Breach.

1 G. PERMITTED USES AND DISCLOSURES BY CONTRACTOR

2 1. CONTRACTOR may use or further disclose PHI COUNTY discloses to CONTRACTOR
3 as necessary to perform functions, activities, or services for, or on behalf of, COUNTY as specified in
4 the Contract, provided that such use or Disclosure would not violate the HIPAA Privacy Rule if done by
5 COUNTY except for the specific Uses and Disclosures set forth below.

6 a. CONTRACTOR may use PHI COUNTY discloses to CONTRACTOR, if necessary,
7 for the proper management and administration of CONTRACTOR.

8 b. CONTRACTOR may disclose PHI COUNTY discloses to CONTRACTOR for the
9 proper management and administration of CONTRACTOR or to carry out the legal responsibilities of
10 CONTRACTOR, if:

11 1) The Disclosure is required by law; or

12 2) CONTRACTOR obtains reasonable assurances from the person to whom the PHI
13 is disclosed that it will be held confidentially and used or further disclosed only as required by law or for
14 the purposes for which it was disclosed to the person and the person immediately notifies
15 CONTRACTOR of any instance of which it is aware in which the confidentiality of the information has
16 been breached.

17 c. CONTRACTOR may use or further disclose PHI COUNTY discloses to
18 CONTRACTOR to provide Data Aggregation services relating to the Health Care Operations of
19 CONTRACTOR.

20 2. CONTRACTOR may use PHI COUNTY discloses to CONTRACTOR, if necessary, to
21 carry out legal responsibilities of CONTRACTOR.

22 3. CONTRACTOR may use and disclose PHI COUNTY discloses to CONTRACTOR
23 consistent with the minimum necessary policies and procedures of COUNTY.

24 4. CONTRACTOR may use or disclose PHI COUNTY discloses to CONTRACTOR as
25 required by law.

26 H. PROHIBITED USES AND DISCLOSURES

27 1. CONTRACTOR shall not disclose PHI COUNTY discloses to CONTRACTOR or
28 CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY about an individual to
29 a health plan for payment or health care operations purposes if the PHI pertains solely to a health care
30 item or service for which the health care provider involved has been paid out of pocket in full and the
31 individual requests such restriction, in accordance with 42 USC § 17935(a) and 45 CFR § 164.522(a).

32 2. CONTRACTOR shall not directly or indirectly receive remuneration in exchange for PHI
33 COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on
34 behalf of COUNTY, except with the prior written consent of COUNTY and as permitted by
35 42 USC § 17935(d)(2).

36 I. OBLIGATIONS OF COUNTY

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1 1. COUNTY shall notify CONTRACTOR of any limitation(s) in COUNTY's notice of
2 privacy practices in accordance with 45 CFR § 164.520, to the extent that such limitation may affect
3 CONTRACTOR's Use or Disclosure of PHI.

4 2. COUNTY shall notify CONTRACTOR of any changes in, or revocation of, the permission
5 by an Individual to use or disclose his or her PHI, to the extent that such changes may affect
6 CONTRACTOR's Use or Disclosure of PHI.

7 3. COUNTY shall notify CONTRACTOR of any restriction to the Use or Disclosure of PHI
8 that COUNTY has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction
9 may affect CONTRACTOR's Use or Disclosure of PHI.

10 4. COUNTY shall not request CONTRACTOR to use or disclose PHI in any manner that
11 would not be permissible under the HIPAA Privacy Rule if done by COUNTY.

12 J. BUSINESS ASSOCIATE TERMINATION

13 1. Upon COUNTY's knowledge of a material Breach or violation by CONTRACTOR of the
14 requirements of this Business Associate Contract, COUNTY shall:

15 a. Provide an opportunity for CONTRACTOR to cure the material Breach or end the
16 violation within thirty (30) business days; or

17 b. Immediately terminate the Contract, if CONTRACTOR is unwilling or unable to cure
18 the material Breach or end the violation within thirty (30) days, provided termination of the Contract is
19 feasible.

20 2. Upon termination of the Contract, CONTRACTOR shall either destroy or return to
21 COUNTY all PHI CONTRACTOR received from COUNTY or CONTRACTOR created, maintained,
22 or received on behalf of COUNTY in conformity with the HIPAA Privacy Rule.

23 a. This provision shall apply to all PHI that is in the possession of Subcontractors or
24 agents of CONTRACTOR.

25 b. CONTRACTOR shall retain no copies of the PHI.

26 c. In the event that CONTRACTOR determines that returning or destroying the PHI is not
27 feasible, CONTRACTOR shall provide to COUNTY notification of the conditions that make return or
28 destruction infeasible. Upon determination by COUNTY that return or destruction of PHI is infeasible,
29 CONTRACTOR shall extend the protections of this Business Associate Contract to such PHI and limit
30 further Uses and Disclosures of such PHI to those purposes that make the return or destruction
31 infeasible, for as long as CONTRACTOR maintains such PHI.

32 3. The obligations of this Business Associate Contract shall survive the termination of the
33 Contract.

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EXHIBIT C
 TO CONTRACT FOR PROVISION OF
 DRUG MEDI-CAL ADULT OUTPATIENT AND
 INTENSIVE OUTPATIENT SERVICES
 BETWEEN
 COUNTY OF ORANGE
 AND
 PHOENIX HOUSE ORANGE COUNTY, INC.
 JANUARY 1, 2023 THROUGH-JUNE 30, 2025

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 Contract" means the CMPPA Contract between the SSA and CHHS.

4. "DHCS PI" shall mean Personal Information, 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 Contract 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

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 Contract; or
5 interference with system operations in an information system that processes, maintains or stores PI.

6 B. TERMS OF CONTRACT

7 1. Permitted Uses and Disclosures of DHCS PI and PII by CONTRACTOR. Except as
8 otherwise indicated in this Exhibit, 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 Contract
10 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 data
26 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 E to the Contract; 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 Office of Management and Budget in OMB Circular No. A-130,
32 Appendix III-Security of Federal Automated Information Systems, which sets forth guidelines for
33 automated information systems 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 Contract between the SSA and the CHHS and in the Contract between the SSA and DHCS,
37 known as the IEA. The specific sections of the IEA with substantive privacy and security requirements

1 to be complied with are sections E, F, and G, and in Attachment 4 to the IEA, Electronic Information
2 Exchange Security Requirements, Guidelines and Procedures for Federal, State and Local Agencies
3 Exchanging Electronic Information with the SSA. CONTRACTOR also agrees to ensure that any of
4 CONTRACTOR’s agents or subcontractors, to whom CONTRACTOR provides DHCS PII agree to the
5 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 effect
8 that is known to CONTRACTOR of a use or disclosure of DHCS PI or PII by CONTRACTOR or its
9 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 Contract 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 the
21 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 Contract, 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 beach of unsecured DHCS PI
28 and PII or security incident in accordance with Subparagraph F, of the Business Associate Contract,
29 Exhibit E to the Contract.

30 i. Designation of Individual Responsible for Security. CONTRACTOR shall designate an
31 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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