AGREEMENT FOR PROVISION OF 1 CHILDREN AND TRANSITIONAL AGE YOUTH 2 MENTORING SERVICES 3 **BETWEEN** 4 **COUNTY OF ORANGE** 5 **AND** 6 ORANGE COUNTY ASSOCIATION FOR MENTAL HEALTH 7 DBA MENTAL HEALTH ASSOCIATION OF ORANGE COUNTY 8 JULY 1, 20121 THROUGH JUNE 30, 20132 9 10 THIS AGREEMENT entered into this 1st day of July 20124, which date is enumerated for purposes 11 of reference only, is by and between the COUNTY OF ORANGE (COUNTY) and 12 ORANGE COUNTY ASSOCIATION FOR MENTAL HEALTH, DBA MENTAL HEALTH 13 ASSOCIATION OF ORANGE COUNTY, a California nonprofit corporation (CONTRACTOR). This 14 Agreement shall be administered by the County of Orange Health Care Agency (ADMINISTRATOR). 15 16 WITNESSETH: 17 18 WHEREAS, COUNTY wishes to contract with CONTRACTOR for the provision of 19 Children and Transitional Age Youth Mentoring Services described herein to the residents of Orange 20 County; and 21 WHEREAS, CONTRACTOR is agreeable to the rendering of such services on the terms and 22 conditions hereinafter set forth: 23 NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS: 24 // 25 // 26 27 28 29 | // 30 31 // 32 33 34 35 36 37

HCA ASR 12-000212 Page 1 of 57

1		<u>CONTENTS</u>	
2			
3		<u>PARAGRAPH</u>	<u>AGE</u>
4		Title Page	1
5		Contents	
6		Referenced Contract Provisions	4
7	<u>I.</u>	Acronyms	5
8	<u> </u>	Alteration of Terms	7
9	<u>₩.∭.</u>	Assignment of Debts	7
10	<u>₩.IV.</u>	Compliance	7
11	<u>IV.V.</u>	Confidentiality	11
12	<u>₩.</u> <u>₩.</u>	Cost Report	12
13	<u>₩.VII.</u>	Delegation, Assignment and Subcontracts	14
14	VII.VIII.	Employee Eligibility Verification	15
15	VIII. <u>IX.</u>	Equipment	15
16	<u>IX.X.</u>	Facilities, Payments and Services	16
17	<u>X.XI.</u>	Indemnification and Insurance	16
18	XI.XII.	Inspections and Audits	17
19	XII.XIII.	Licenses and Laws	18
20	XIII.XIV.	Literature and Advertisements	20
21	<u> XIV.XV.</u>	Maximum Obligation	20
22	<u>XV.XVI.</u>	Nondiscrimination	20
23	XVI.XVII.	Notices	22
24	XVII.XVI	II. Notification of Death	23
25	XVIII.XIX	Notification of Public Events and Meetings	23
26	<u> </u>	Records Management and Maintenance	24
27	XX.	Revenue	22
28	XXI.	Severability	25
29	XXII.	Special Provisions	26
30	XXIII.	Status of Contractor	27
31	XXIV.	Tax Liability	24
32	XXV.XXI	<u>V.</u> Term	28
33	XXVI.XX	<u>V.</u> Termination	28
34	XXVII.XX	XVI. Third Party Beneficiary	30
35	XXVIII.XX	XVII. Waiver of Default or Breach	30
36		Signature Page	31
37	//		

CONTENTS EXHIBIT A **PAGE** I. Definitions..... II. Budget..... III. Payments..... IV. Services.... V. Staffing..... VI. Reports..... VII. Responsibilities

REFERENCED CONTRACT PROVISIONS 1 2 **Term:** July 1, 20124 through June 30, 20132 3 4 **Maximum Obligation:** \$500,000 5 6 **Basis for Reimbursement: Actual Cost** 7 8 **Payment Method: Provisional Amount** 9 10 **Notices to COUNTY and CONTRACTOR:** 11 12 COUNTY: County of Orange 13 Health Care Agency 14 Contract Development and Management 15 405 West 5th Street, Suite 600 Santa Ana, CA 92701-4637 16 17 CONTRACTOR: Orange County Association for Mental Health 18 dba Mental Health Association Of Orange County 19 822 Town and Country Road 20 Orange, CA 92868 21 22 **CONTRACTOR's Insurance Coverages:** 23 24 25 Coverage **Minimum Limits** 26 Commercial General Liability \$1,000,000 per occurrence 27 \$2,000,000 aggregate 28 29 Automobile Liability, including coverage \$1,000,000 per occurrence for owned, non-owned and hired vehicles 30 31 Workers' Compensation Statutory 32 Employer's Liability Insurance \$1,000,000 per occurrence 33 34 **Professional Liability Insurance** \$1,000,000 per claims made or 35 per occurrence 36 Sexual Misconduct \$1,000,000 per occurrence 37

1		I. <u>ACRONYMS ALTERATION OF TERMS</u>
2	The following	standard definitions are for reference purposes only and may or may not apply in their
3	entirety throughou	t this Agreement:
4	A. ABC	Allied Behavioral Care
5	B. ADL	Activities of Daily Living
6	C. AMHS	Adult Mental Health Services
7	D. AA	Alcoholics Anonymous
8	E. ARRA	American Recovery and Reinvestment Act
9	F. ASO	Administrative Service Organization
10	G. ASRS	Alcohol and Drug Programs Reporting System
11	H. BBS	Board of Behavioral Sciences
12	I. BHS	Behavioral Health Services
13	J. CAT	Centralized Assessment Team
14	K. CCC	California Civil Code
15	L. CCR	California Code of Regulations
16	M. CFR	Code of Federal Regulations
17	N. CHPP	COUNTY HIPAA Policies and Procedures
18	O. CHS	Correctional Health Services
19	P. CSW	Clinical Social Worker
20	Q. CYS	Child Youth Services
21	R. D/MC	Drug/Medi-Cal
22	S. DCR	Data Collection and Reporting
23	T. DD	<u>Dual Disorders</u>
24	U. DHCS	Department of Health Care Services
25	V. DPFS	Drug Program Fiscal Systems
26	W. DRS	Designated Record Set
27	X. DSH	Direct Service Hours
28	Y. EBP	Evidence-Based Practice
29	Z. EHR	Electronic Health Record
30	AA. FAX	Facsimile Machine
31	AB. FSP	Full Service Partnership
32	AC. FTE	Full Time Equivalent
33	AD. HHS	Health and Human Services
34	AE. HIPAA	Health Insurance Portability and Accountability Act
35	AF. HSC	California Health and Safety Code
36	AG. IRIS	Integrated Records Information System
37	AH. KET	Key Events Tracking

1	AI.	LCSW	Licensed Clinical Social Worker
2	AJ.	LPT	Licensed Psychiatric Technician
3	AK.	MFT	Marriage and Family Therapist
4	AL.	MHP	Mental Health Plan
5	AM.	MHS	Mental Health Specialist
6	AN.	MHSA	Mental Health Services Act
7	AO.	MIHS	Medical and Institutional Health Services
8	AP.	MORS	Milestones of Recovery Scale
9	AQ.	MTP	Master Treatment Plan
10	AR.	NA	Narcotics Anonymous
11	AS.	NOA-A	Notice of Action
12	AT.	NP	Nurse Practitioner
13	AU.	NPI	National Provider Identifier
14	AV.	NPP	Notice of Privacy Practices
15	AW.	OCJS	Orange County Jail System
16	AX.	OCPD	Orange County Probation Department
17	AY.	OCR	Office for Civil Rights
18	AZ.	OCSD	Orange County Sheriff's Department
19	BA.	OIG	Office of Inspector General
20	BB.	OMB	Office of Management and Budget
21	BC.	OPM	Federal Office of Personnel Management
22	BD.	P&P	Policies and Procedures
23	BE.	PADSS	Payment Application Data Security Standard
24	BF.	PAF	Partnership Assessment Form
25	BG.	PBM	Pharmaceutical Benefits Management
26	BH.	PC	State of California Penal Code
27	BI.	PCI DSS	Payment Card Industry Data Security Standard
28	BJ.	PEI	Prevention and Early Intervention
29	BK.	PHI	Protected Health Information
30	BL.	PII	Personally Identifiable Information
31	BM.	PRA	Public Record Act
32	BN.	PSC	Personal Services Coordinator
33	BO.	QIC	Quality Improvement Committee
34	BP.	RN	Registered Nurse
35	BQ.	SED	Seriously Emotionally Disturbed
36	BR.	SMI	Seriously Mentally III
37	BS.	SRAS	Suicide Risk Assessment Standards

1	BT. SSI Social Security Income			
2	BU. SSA Social Services Agency			
3	BV. TAR Treatment Authorization Request			
4	BW. TAY Transitional Age Youth			
5	BX. UMDAP Universal Method of Determining Ability to Pay			
6	BY. USC United States Code			
7	BZ. WIC State of California Welfare and Institutions Code			
8	CA. WRAP Wellness Recovery Action Plan			
9	CB. XML Extensible Markup Language			
10				
11	II. ALTERATION OF TERMS			
12	This Agreement, together with Exhibit A, attached hereto and incorporated herein by reference, fully			
13	expresses all understanding of COUNTY and CONTRACTOR with respect to the subject matter of this			
14	Agreement, and shall constitute the total Agreement between the parties for these purposes. No addition			
15	to, or alteration of, the terms of this Agreement, whether written or verbal, shall be valid unless made in			
16	writing and formally approved and executed by both parties.			
	II			

III. ASSIGNMENT OF DEBTS

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

IV. COMPLIANCE

- A. COMPLIANCE PROGRAM ADMINISTRATOR has established a Compliance Program for the purpose of ensuring adherence to all rules and regulations related to federal and state health care programs.
- 1. ADMINISTRATOR shall ensure that CONTRACTOR is made aware of the relevant policies and procedures relating to ADMINISTRATOR's Compliance Program.
- 2. CONTRACTOR shall ensure that its employees, subcontractors, interns, volunteers, and members of Board of Directors or duly authorized agents, if appropriate, ("Covered Individuals")
- 2. Covered Individuals includes all contractors, subcontractors, agents, and other persons who provide health care items or services or who perform billing or coding functions on behalf of HCA. Notwithstanding the above, this term does not include part-time or per diem employees, contractors,

17 18

19

20

21

22

23

24

25 26

27

28

29

30

31

32

33

34

35

36

subcontractors, agents, and other persons who are not reasonably expected to work more than one hundred sixty (160) hours per year; except that any such individuals shall become Covered Individuals at the point when they work more than one hundred sixty (160) hours during the calendar year. CONTRACTOR shall ensure that all Covered Individuals relative to this Agreement are made aware of ADMINISTRATOR's Compliance Program and related policies and procedures.

- 3. CONTRACTOR has the option to adhere to ADMINISTRATOR's Compliance Program or establish its own, provided CONTRACTOR's Compliance Program has been approved verified to include all required elements by ADMINISTRATOR's Compliance Officer as described in subparagraphs A.4., A.5., A.6., and A.7. below.
- 4. If CONTRACTOR elects to have its own Compliance Program then it shall submit a copy of its Compliance Program and relevant policies and procedures to ADMINISTRATOR within thirty (30) calendar days of award of this Agreement.
- 5. ADMINISTRATOR's Compliance Officer shall determine if CONTRACTOR's Compliance Program is accepted.contains all required elements. CONTRACTOR shall take necessary action to meet said standards or shall be asked to acknowledge and agree to the ADMINISTRATOR's Compliance Program if the ADMINISTRATOR's Compliance Program does not contain all required elements.
- 6. Upon approval of CONTRACTOR's Compliance Program by written confirmation from ADMINISTRATOR's Compliance Officer that the CONTRACTOR's Compliance Program contains all required elements, CONTRACTOR shall ensure that its employees, subcontractors, interns, volunteers, and members of Board of Directors or duly authorized agents, if appropriate, ("all Covered Individuals") relative to this Agreement are made aware of CONTRACTOR's Compliance Program and related policies and procedures.
- 7. Failure of CONTRACTOR to submit its Compliance Program and relevant policies and procedures shall constitute a material breach of this Agreement. Failure to cure such breach within sixty (60) calendar days of such notice from ADMINISTRATOR shall constitute grounds for termination of this Agreement as to the non-complying party.
- B. SANCTION SCREENING CONTRACTOR shall screen all Covered Individuals employed or retained to provide services related to this Agreement to ensure that they are not designated as "Ineligible Persons," as defined hereunder. Screening shall be conducted against the General Services Administration's List of Parties Excluded from Federal Programs—and, the Health and Human Services/Office of Inspector General OIG List of Excluded Individuals/Entities, and Medi-CAL Suspended and Ineligible List.
 - 1. Ineligible Person shall be any individual or entity who:
- a. is currently excluded, suspended, debarred or otherwise ineligible to participate in the federal health care programs; or

- b. has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the federal health care programs after a period of exclusion, suspension, debarment, or ineligibility.
- CONTRACTOR shall screen prospective Covered Individuals prior to hire or engagement.
 CONTRACTOR shall not hire or engage any Ineligible Person to provide services relative to this Agreement.
- 3. CONTRACTOR shall screen all current Covered Individuals and subcontractors semi-annually (January and July) to ensure that they have not become Ineligible Persons. CONTRACTOR shall also request that its subcontractors use their best efforts to verify that they are eligible to participate in all federal and State of California health programs and have not been excluded or debarred from participation in any federal or state health care programs, and to further represent to CONTRACTOR that they do not have any Ineligible Person in their employ or under contract.
- 4. Covered Individuals shall be required to disclose to CONTRACTOR immediately any debarment, exclusion or other event that makes the Covered Individual an Ineligible Person. CONTRACTOR shall notify ADMINISTRATOR immediately upon such disclosure.
- 5. CONTRACTOR acknowledges that Ineligible Persons are precluded from providing federal and state funded health care services by contract with COUNTY in the event that they are currently sanctioned or excluded by a federal or state law enforcement regulatory or licensing agency. If CONTRACTOR becomes aware that a Covered Individual has become an Ineligible Person, CONTRACTOR shall remove such individual from responsibility for, or involvement with, COUNTY business operations related to this Agreement.
- 6. CONTRACTOR shall notify ADMINISTRATOR immediately if a Covered Individual or entity is currently excluded, suspended or debarred, or is identified as such after being sanction screened. Such individual or entity shall be immediately removed from participating in any activity associated with this AGREEMENT. Agreement. ADMINISTRATOR will determine if any appropriate repayment is necessary from or sanction CONTRACTOR for services provided by ineligible person or individual.
- 7. CONTRACTOR shall promptly return any overpayments within in forty-five (45) days after the overpayment is verified by the ADMINISTRATOR.
- C. COMPLIANCE TRAINING ADMINISTRATOR shall make General Compliance Training and Provider Compliance Training, where appropriate, available to Covered Individuals.
- 1. CONTRACTOR shall use its best efforts to encourage completion by Covered Individuals; provided, however, that at a minimum CONTRACTOR shall assign at least one (1) designated representative to complete all Compliance Trainings when offered.
- 2. Such training will be made available to Covered Individuals within thirty (30) calendar days of employment or engagement.
 - 23. Such training will be made available to each Covered Individual annually.

15 16

18 19

20

21 22

24 25

26

23

27 28 29

30

31 32

33 34 35

36 37

- 34. Each Covered Individual attending training shall certify, in writing, attendance at compliance training. CONTRACTOR shall retain the certifications. Upon written request by ADMINISTRATOR, CONTRACTOR shall provide copies of the certifications.
- D. CODE OF CONDUCT ADMINISTRATOR has developed a Code of Conduct for adherence by ADMINISTRATOR's employees and contract providers.
- 1. ADMINISTRATOR shall that CONTRACTOR of ensure made aware ADMINISTRATOR's Code of Conduct.
- 2. CONTRACTOR shall ensure that its employees, subcontractors, interns, volunteers, and members of Board of Directors or duly authorized agents, if appropriate, ("Covered Individuals")all Covered Individuals relative to this Agreement are made aware of ADMINISTRATOR's Code of Conduct.
- 3. CONTRACTOR has the option to adhere to ADMINISTRATOR's Code of Conduct or establish its own provided CONTRACTOR's Code of Conduct has been approved by ADMINISTRATOR's Compliance Officer as described in subparagraphs <u>BD</u>.4., <u>BD</u>.5., <u>BD</u>.6., <u>BD</u>.7., and **B**D.8. below.
- 4. If CONTRACTOR elects to have its own Code of Conduct, then it shall submit a copy of its Code of Conduct to ADMINISTRATOR within thirty (30) calendar days of award of this Agreement.
- 5. ADMINISTRATOR's Compliance Officer shall determine if CONTRACTOR's Code of Conduct is accepted. CONTRACTOR shall take necessary action to meet said standards or shall be asked to acknowledge and agree to the ADMINISTRATOR's Code of Conduct.
- 6. Upon approval of CONTRACTOR's Code of Conduct by -ADMINISTRATOR, CONTRACTOR shall ensure that its employees, subcontractors, interns, volunteers, and members of Board of Directors or duly authorized agents, if appropriate, ("all Covered Individuals") relative to this Agreement are made aware of CONTRACTOR's Code of Conduct.
- 7. If CONTRACTOR elects to adhere to ADMINISTRATOR's Code of Conduct then CONTRACTOR shall submit to ADMINISTRATOR a signed acknowledgement and agreement that CONTRACTOR shall comply with ADMINISTRATOR's Code of Conduct.
- 8. Failure of CONTRACTOR to timely submit the acknowledgement of ADMINISTRATOR's Code of Conduct shall constitute a material breach of this Agreement, and failure to cure such breach within sixty (60) calendar days of such notice from ADMINISTRATOR shall constitute grounds for termination of this Agreement as to the non-complying party.

DE. MEDICAL BILLING, CODING, AND DOCUMENTATION COMPLIANCE STANDARDS

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

agents.

- 2. CONTRACTOR shall not submit any false, fraudulent, inaccurate and/or fictitious claims for payment or reimbursement of any kind.
- 3. CONTRACTOR shall bill only for those eligible services actually rendered which are also fully documented. When such services are coded, CONTRACTOR shall use accurate billing codes which accurately describes the services provided rendered and must ensure compliance with all billing and documentation requirements.
- 4. CONTRACTOR shall act promptly to investigate and correct any problems or errors in coding of claims and billing, if and when, any such problems or errors are identified.

V. CONFIDENTIALITY

- A. CONTRACTOR shall maintain the confidentiality of all records, including billings and any audio and/or video recordings, in accordance with all applicable federal, state and county codes and regulations, including 42 United States Code 290dd-2 (Confidentiality of Records), as they now exist or may hereafter be amended or changed.
- 1. CONTRACTOR acknowledges and agrees that all persons served pursuant to this Agreement are clients of the Orange County Mental Health services system, and therefore it may be necessary for authorized staff of ADMINISTRATOR to audit client files, or to exchange information regarding specific clients with COUNTY or other providers of related services contracting with COUNTY.
- 2. CONTRACTOR acknowledges and agrees that it shall be responsible for obtaining written consents for the release of information from all persons served by CONTRACTOR pursuant to this Agreement. Such consents shall be obtained by CONTRACTOR in accordance with California Civil Code CCC, Division 1, Part 2.6 relating to confidentiality of medical information.
- 3. In the event of a collaborative service agreement between Mental Health services providers, CONTRACTOR acknowledges and agrees that it is responsible for obtaining releases of information, from the collaborative agency, for clients receiving services through the collaborative agreement.
- B. Prior to providing any services pursuant to this Agreement, all CONTRACTOR members of the Board of Directors or its designee or authorized agent, employees, consultants, subcontractors, volunteers and interns shall agree, in writing, with CONTRACTOR to maintain the confidentiality of any and all information and records which may be obtained in the course of providing such services. The Agreement shall specify that it is effective irrespective of all subsequent resignations or terminations of CONTRACTOR members of the Board of Directors or its designee or authorized agent, employees, consultants, subcontractors, volunteers and interns.

VI. <u>COST REPORT</u>

A. CONTRACTOR shall submit a Cost Report to COUNTY no later than sixty (60) calendar days following termination of this Agreement. CONTRACTOR shall prepare the Cost Report in accordance with all applicable federal, state and county requirements—and—generally accepted accounting principles—and the Special Provisions Paragraph of this Agreement. CONTRACTOR shall allocate direct and indirect costs to and between programs, cost centers, services, and funding sources in accordance with such requirements and consistent with prudent business practice, which costs and allocations shall be supported by source documentation maintained by CONTRACTOR, and available at any time to ADMINISTRATOR upon reasonable notice. In the event CONTRACTOR has multiple Agreements for mental health services that are administered by HCA, consolidation of the individual Cost Reports into a single consolidated Cost Report may be required, as stipulated by ADMINISTRATOR. CONTRACTOR shall submit a consolidated Cost Report to COUNTY no later than five (5) business days following approval by ADMINISTRATOR of all individual Cost Reports to be incorporated into a consolidated Cost Report.

- 1. If CONTRACTOR fails to submit an accurate and complete <u>individual and/or consolidated</u> Cost Report within the time period specified above, ADMINISTRATOR shall have sole discretion to impose one or both of the following:
- a. CONTRACTOR may be assessed a late penalty of one five hundred dollars (\$1500) for each business day after the above specified due date that the accurate and complete individual and/or consolidated Cost Report is not submitted. Imposition of the late penalty shall be at the sole discretion of the ADMINISTRATOR. The late penalty shall be assessed separately on each outstanding Cost Report due COUNTY by CONTRACTOR.
- b. ADMINISTRATOR may withhold or delay any or all payments due CONTRACTOR pursuant to any or all agreements between COUNTY and CONTRACTOR until such time that the individual and/or consolidated Cost Report is delivered to ADMINISTRATOR.
- 2. CONTRACTOR may request, in advance and in writing, an extension of the due date of the <u>individual and/or consolidated</u> Cost Report setting forth good cause for justification of the request. Approval of such requests shall be at the sole discretion of ADMINISTRATOR and shall not be unreasonably denied.
- 3. In the event that CONTRACTOR does not submit an accurate and complete <u>individual</u> and/or consolidated Cost Report within one hundred and eighty (180) calendar days following the termination of this Agreement, and CONTRACTOR has not entered into a subsequent or new Agreement for any other services with COUNTY, then all amounts paid to CONTRACTOR by COUNTY during the term of the Agreement shall be immediately reimbursed to COUNTY.
- B. The <u>individual and/or consolidated</u> Cost Report shall be the final financial and statistical report submitted by CONTRACTOR to COUNTY, and shall serve as the basis for final settlement to CONTRACTOR. CONTRACTOR shall document that costs are reasonable and allowable and directly

or indirectly related to the services to be provided hereunder. The The individual and consolidated Cost Report shall be the final financial record for subsequent audits, if any.

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

D. Unless approved by ADMINISTRATOR, costs that exceed the State Maximum Allowance per Medi Cal Unit of Services, as determined by the State Department of Mental Health, shall be unreimbursable to CONTRACTOR.

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

F.—If the Cost Report indicates the actual and reimbursable costs of services provided pursuant to this Agreement, less applicable revenues and late penalty, are lower than the aggregate of interim monthly payments to CONTRACTOR, CONTRACTOR shall remit the difference to COUNTY. Such reimbursement shall be made, in cash, or other authorized form of payment, with the submission of the individual or consolidated Cost Report. If such reimbursement is not made by CONTRACTOR within thirty (30) calendar days after submission of the Cost Report, COUNTY may, in addition to any other remedies, reduce any amount owed CONTRACTOR by an amount not to exceed the reimbursement due COUNTY.

GE. If the individual Cost Report indicates the actual and reimbursable costs of services provided pursuant to this Agreement, less applicable revenues and late penalty, are higher than the aggregate of interim monthly payments to CONTRACTOR, COUNTY shall pay CONTRACTOR the difference, provided such payment does not exceed the Maximum Obligation of COUNTY.

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

#

35

1	"I HEREBY CERTIFY that I have executed the accompanying Cost Report and
2	supporting documentation prepared by for the cost report period
3	beginning and ending and that, to the best of my
4	knowledge and belief, costs reimbursed through this Agreement are reasonable and
5	allowable and directly or indirectly related to the services provided and that this Cost
6	Report is a true, correct, and complete statement from the books and records of
7	(provider name) in accordance with applicable instructions, except as noted. I also
8	hereby certify that I have the authority to execute the accompanying Cost Report.
9	
10	Signed
11	Name
12	Title
13	Date"
14	
15	VII. <u>DELEGATION ASSIGNMENT, AND SUBCONTRACTS</u>
16	A. CONTRACTOR may not delegate the obligations hereunder, either in whole or in part, without
17	prior written consent of COUNTY; provided, however, obligations undertaken by CONTRACTOR
18	pursuant to this Agreement may be carried out by means of subcontracts, provided such subcontracts are
19	approved in advance, in writing by ADMINISTRATOR, meet the requirements of this Agreement as
20	they relate to the service or activity under subcontract, and include any provisions that
21	ADMINISTRATOR may require. <u>ADMINISTRATOR may revoke the approval of a subcontract upon</u>
22	five (5) calendar days written notice to CONTRACTOR if subcontract fails to meet the requirements of
23	this Agreement or any provisions that ADMINISTRATOR has required. No subcontract shall terminate
24	or alter the responsibilities of CONTRACTOR to COUNTY pursuant to this Agreement.
25	CONTRACTOR may not assign the rights hereunder, either in whole or in part, without the prior written
26	consent of COUNTY.—ADMINISTRATOR may disallow, from payments otherwise due
27	CONTRACTOR, amounts claimed for subcontracts not approved in accordance with this paragraph.
28	B. CONTRACTOR may not assign the rights hereunder, either in whole or in part, without
29	the prior written consent of COUNTY. For CONTRACTORS which are nonprofit corporations, any
30	change from a nonprofit corporation to any other corporate structure of CONTRACTOR, including a
31	change in more than fifty percent (50%) of the composition of the Board of Directors within a two (2)
32	month period of time, shall be deemed an assignment for purposes of this paragraph. Any attempted
33	assignment or delegation in derogation of this paragraph shall be void.
34	C. CONTRACTOR may not assign the rights hereunder, either in whole or in part, without the
35	prior written consent of COUNTY. For CONTRACTORS which are for-profit organizations, any
36	change in the business structure, including but not limited to, the sale or transfer of more than ten
37	percent (10%) of the assets or stocks of CONTRACTOR, change to another corporate structure,

including a change to a sole proprietorship, or a change in fifty percent (50%) or more of CONTRACTOR's directors at one time shall be deemed an assignment pursuant to this paragraph. Any attempted assignment or delegation in derogation of this paragraph shall be void.

VIII. EMPLOYEE ELIGIBILITY VERIFICATION

CONTRACTOR warrants that it shall fully comply with all federal and state statutes and regulations regarding the employment of aliens and others and to ensure that employees, subcontractors and consultants performing work under this Agreement meet the citizenship or alien status requirement set forth in federal statutes and regulations. CONTRACTOR shall obtain, from all employees, subcontractors and consultants performing work hereunder, all verification and other documentation of employment eligibility status required by federal or state statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, 8 U.S.C. USC §1324 et seq., as they currently exist and as they may be hereafter amended. CONTRACTOR shall retain all such documentation for all covered employees, subcontractors and consultants for the period prescribed by the law.

IX. EQUIPMENT

A. Unless otherwise specified in writing by ADMINISTRATOR, Equipment is defined as moveableall property of a relatively permanent Relatively Permanent nature with significant value, purchased in whole or in part by Administrator to assist in performing the services described in this Agreement. "Relatively Permanent" is defined as having a useful life of one year or longer. Equipment which costs \$5,000 or over, including sales taxes, freight charges—sales taxes, and other taxes, and installation costs are considered Fixed defined as Capital Assets. Equipment which cost less than costs between \$600 and \$5,000, including sales taxes, freight charges, sales taxes and other taxes, and installation costs are considered Minor Equipment or defined as Controlled Assets Equipment. Controlled Equipment includes, but is not limited to audio/visual equipment, computer equipment, and lab equipment. The cost of Equipment purchased, in whole or in part, with funds paid pursuant to this Agreement shall be depreciated according to generally accepted accounting principles.

- B. CONTRACTOR shall obtain Administrator's ADMINISTRATOR's prior written approval to purchase any Equipment with funds paid pursuant to this Agreement. Upon delivery of Equipment, CONTRACTOR shall forward to ADMINISTRATOR, copies of the purchase order, receipt, and other supporting documentation, which includes delivery date, unit price, tax, shipping and serial numbers. CONTRACTOR shall request an applicable asset tag for said Equipment and shall include each purchased asset in an Equipment inventory.
- C. Upon ADMINISTRATOR's prior written approval, CONTRACTOR may expense to COUNTY the cost of specified items of the approved Equipment purchased by CONTRACTOR. To "expense," in relation to Equipment, means to charge the full proportionate cost of Equipment in the fiscal year in

which it is purchased. Title of expensed Equipment shall be vested with COUNTY and the Equipment shall be deemed to be "Loaned Equipment" while in the possession of CONTRACTOR.

- D. CONTRACTOR shall maintain an inventory of all Equipment purchased in whole or in part with funds paid through this Agreement, including date of purchase, purchase price, serial number, model and type of Equipment. Such inventory shall be available for review by ADMINISTRATOR, and shall include the original purchase date and price, useful life, and balance of depreciated Equipment cost, if any.
- E. CONTRACTOR shall cooperate with ADMINISTRATOR in conducting periodic physical inventories of Loaned all Equipment. EQUIPMENT shall be tagged with a COUNTY issued tag. Upon demand by ADMINISTRATOR, CONTRACTOR shall return any or all Loaned Equipment to COUNTY.
- F. CONTRACTOR must report any loss or theft of Loaned Equipment in accordance with the procedure approved by ADMINISTRATOR and the Notices paragraph of this Agreement. In addition, CONTRACTOR must complete and submit to ADMINISTRATOR a notification form when items of Loaned Equipment are moved from one location to another or returned to COUNTY as surplus.
- G. Unless this Agreement is followed without interruption by another agreement between the parties for substantially the same type and scope of services, at the termination of this Agreement for any cause, CONTRACTOR shall return to COUNTY all Loaned Equipment purchased with funds paid through this Agreement.
- H. CONTRACTOR shall maintain and administer a sound business program for ensuring the proper use, maintenance, repair, protection, insurance, and preservation of COUNTY Loaned Equipment.

X. FACILITIES, PAYMENTS AND SERVICES

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

XI. INDEMNIFICATION AND INSURANCE

A. CONTRACTOR agrees to indemnify, defend with counsel approved in writing by COUNTY, and hold COUNTY, its elected and appointed officials, officers, employees, agents and those special districts and agencies for which COUNTY's Board of Supervisors acts as the governing Board ("(COUNTY INDEMNITEES")) harmless from any claims, demands or liability of any kind or nature, including but not limited to personal injury or property damage, arising from or related to the services, products or other performance provided by CONTRACTOR pursuant to this Agreement. If judgment is

 entered against CONTRACTOR and COUNTY by a court of competent jurisdiction because of the concurrent active negligence of COUNTY or COUNTY INDEMNITEES, CONTRACTOR and COUNTY agree that liability will be apportioned as determined by the court. Neither party shall request a jury apportionment.

- B. Without limiting CONTRACTOR's indemnification, it is agreed that CONTRACTOR shall maintain in force at all times during the term of this Agreement a policy, or policies, of insurance covering its operations as specified on in the Referenced Contract Provisions of this Agreement.
- C. All insurance policies except Workers' Compensation, Employer's Liability, and Professional Liability shall contain the following clauses:
- 1. "The County of Orange is included as an additional insured with respect to the operations of the named insured performed under contract with the County of Orange."
- 2. "It is agreed that any insurance maintained by the County of Orange shall apply in excess of, and not contribute with, insurance provided by this policy."
- 3. "This insurance shall not be canceled, limited or non-renewed until after thirty (30) calendar days written notice has been given to Orange County HCA/Contract Development and Management, 405 West 5th Street, Suite 600, Santa Ana, CA 92701-4637."
- D. Certificates of insurance and endorsements evidencing the above coverages and clauses shall be mailed to COUNTY as referenced in the Referenced Contract Provisions of this Agreement.
- E. All insurance policies required by this contract shall waive all rights of subrogation against the County of Orange and members of the Board of Supervisors, its elected and appointed officials, officers, agents and employees when acting within the scope of their appointment or employment.
- F. Unless waived by ADMINISTRATOR, the policy or policies of insurance must be issued by an insurer licensed to do business in the state of California (California Admitted Carrier).

XII. INSPECTIONS AND AUDITS

- A. ADMINISTRATOR, any authorized representative of COUNTY, any authorized representative of the State of California, the Secretary of the United States Department of Health and Human Services, the Comptroller General of the United States, or any other of their authorized representatives, shall have access to any books, documents, and records, including but not limited to, financial statements, general ledgers, relevant accounting systems, medical and client records, of CONTRACTOR that are directly pertinent to this Agreement, for the purpose of responding to a beneficiary complaint or conducting an audit, review, evaluation, or examination, or making transcripts during the periods of retention set forth in the Records Management and Maintenance paragraph of this Agreement. Such persons may at all reasonable times inspect or otherwise evaluate the services provided pursuant to this Agreement, and the premises in which they are provided.
- B. CONTRACTOR shall actively participate and cooperate with any person specified in subparagraph A. above in any evaluation or monitoring of the services provided pursuant to this Agreement, and shall provide the above–mentioned persons adequate office space to conduct such

evaluation or monitoring.

//

C. AUDIT RESPONSE

- 1. Following an audit report, in the event of non-compliance with applicable laws and regulations governing funds provided through this Agreement, COUNTY may terminate this Agreement as provided for in the Termination paragraph or direct CONTRACTOR to immediately implement appropriate corrective action. A plan of corrective action shall be submitted to ADMINISTRATOR in writing within thirty (30) calendar days after receiving notice from ADMINISTRATOR.
- 2. If the audit reveals that money is payable from one party to the other, that is, reimbursement by CONTRACTOR to COUNTY, or payment of sums due from COUNTY to CONTRACTOR, said funds shall be due and payable from one party to the other within sixty (60) calendar days of receipt of the audit results. If reimbursement is due from CONTRACTOR to COUNTY, and such reimbursement is not received within said sixty (60) calendar days, COUNTY may, in addition to any other remedies provided by law, reduce any amount owed CONTRACTOR by an amount not to exceed the reimbursement due COUNTY.
- D. CONTRACTOR shall employ a licensed certified public accountant, who will prepare and file with ADMINISTRATOR, an annual, independent, organization-wide audit of related expenditures during the term of this Agreement.
- E. CONTRACTOR shall forward to ADMINISTRATOR a copy of any audit report within fourteen (14) calendar days of receipt. Such audit shall include, but not be limited to, management, financial, programmatic or any other type of audit of CONTRACTOR's operations, whether or not the cost of such operation or audit is reimbursed in whole or in part through this Agreement.

XIII. LICENSES AND LAWS

- A. CONTRACTOR, its officers, agents, employees, and subcontractors shall, throughout the term of this Agreement, maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions necessary for the provision of the services hereunder and required by the laws and regulations of the United States, State of California, COUNTY, and any other applicable governmental agencies. CONTRACTOR shall notify ADMINISTRATOR immediately and in writing of its inability to obtain or maintain, irrespective of the pendency of an appeal, permits, licenses, approvals, certificates, waivers and exemptions. Said inability shall be cause for termination of this Agreement.
- B. The parties shall comply with all laws, rules or regulations applicable to the services provided hereunder, as any may now exist or be hereafter amended or changed, except those provisions or application of those provisions waived by the Secretary of the Department of Health and Human Services. These laws, regulations, and requirements shall include, but not be limited to:
 - 1. State of California Welfare and Institutions Code (WIC), Divisions 5, 6 & and 9;
 - 2. State of California Health and Safety Code, Sections HSC, §§1250 et seq.;
 - 3. State of California Penal Code (PC), Part 4, Title 1, Chapter 2, Article 2.5 relating to Child

1	Abuse Reporting;
2	4. California Code of Regulations (CCR), Title 9, Title 17, and Title 22;
3	5. Code of Federal Regulations (CFR), Title 42 and Title 45;
4	6. United States Code (U.S.C.A.) USC Title 42;
5	7. Federal Social Security Act, Title XVIII and Title XIX;
6	8. The 42 USC, Chapter 126, 12101, et seq., the Americans with Disabilities Act of 1990 (42)
7	<u>U.S.C.A., Chapter 126, 12101, et seq.);</u>
8	9. The Clean Air Act (42 U.S.C.A. Section USC, §114 and Section §§1857, et seq.);., the
9	Clean Air Act.
10	10. The 33 USC 84, §308 and §§1251 et seq., the Federal Water Pollution Control Act (33
11	U.S.C.A. 84, Section 308 and Sections 1251 et seq.);
12	11. <u>31 USC 7501.70,</u> Federal single Audit Act of 1984 (31 U.S.C.A. 7501.70);
13	12. Policies and procedures set forth in Mental Health Plan (MHP) Letters;
14	13. Policies and procedures set forth in Department of Mental Health (DMH)DHCS Letters;
15	14. Orange County Medi-Cal Mental Health Managed Care Plan;
16	15. Short Doyle/Medi Cal Manual for the Rehabilitation Option and Targeted Case
17	Management.
18	16. Health Insurance Portability and Accountability Act (HIPAA), privacy rule, as it may exist
19	now, or be hereafter amended, and if applicable.
20	17. Office of Management and Budget (
21	15. OMB) Circulars A-87, A-89, A-110, A122, and A-133 122.
22	C. ENFORCEMENT OF CHILD SUPPORT OBLIGATIONS
23	1. CONTRACTOR agrees to furnish to ADMINISTRATOR within thirty (30) calendar days
24	of the award of this Agreement:
25	a. In the case of an individual contractor, his/her name, date of birth, social security
26	number, and residence address;
27	b. In the case of a contractor doing business in a form other than as an individual, the
28	name, date of birth, social security number, and residence address of each individual who owns an
29	interest of ten percent (10%) or more in the contracting entity;
30	c. A certification that CONTRACTOR has fully complied with all applicable federal and
31	state reporting requirements regarding its employees;
32	d. A certification that CONTRACTOR has fully complied with all lawfully served Wage
33	and Earnings Assignment Orders and Notices of Assignment, and will continue to so comply.
34	2. Failure of CONTRACTOR to timely submit the data and/or certifications required by
35	subparagraphs 1.a., 1.b., 1.c., or 1.d. above, or to comply with all federal and state employee reporting
36	requirements for child support enforcement, or to comply with all lawfully served Wage and Earnings
37	Assignment Orders and Notices of Assignment, shall constitute a material breach of this Agreement; and

failure to cure such breach within sixty (60) calendar days of notice from COUNTY shall constitute grounds for termination of this Agreement.

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

XIV. <u>LITERATURE AND ADVERTISEMENTS</u>

- A. Any written information or literature, including educational or promotional materials, distributed by CONTRACTOR to any person or organization for purposes directly or indirectly related to this Agreement must be approved at least thirty (30) days, in advance and in writing by ADMINISTRATOR before distribution. For the purposes of this Agreement, distribution of written materials shall include, but not be limited to, pamphlets, brochures, flyers, newspaper or magazine ads, and electronic media such as the Internet. Such information shall not imply endorsement by COUNTY, unless ADMINISTRATOR consents thereto in writing.
- B. Any advertisement through radio, television broadcast, or the Internet, for educational or promotional purposes, made by CONTRACTOR for purposes directly or indirectly related to this Agreement must be approved in advance and in writing by ADMINISTRATOR.

XV. MAXIMUM OBLIGATION

The Maximum Obligation of COUNTY for services provided in accordance with this Agreement is in the Referenced Contract Provisions of this Agreement.

XVI. NONDISCRIMINATION

A. EMPLOYMENT

- 1. During the performance of this Agreement, CONTRACTOR shall not unlawfully discriminate against any employee or applicant for employment because of his/her ethnic group identification, race, religion, ancestry, color, creed, sex, marital status, national origin, age (40 and over), sexual orientation, medical condition, or physical or mental disability. CONTRACTOR shall warrant that the evaluation and treatment of employees and applicants for employment are free from discrimination in the areas of employment, promotion, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rate of pay or other forms of compensation; and selection for training, including apprenticeship. There shall be posted in conspicuous places, available to employees and applicants for employment, notices from ADMINISTRATOR and/or the United States Equal Employment Opportunity Commission setting forth the provisions of the Equal Opportunity clause.
- 2. All solicitations or advertisements for employees placed by or on behalf of CONTRACTOR shall state that all qualified applicants will receive consideration for employment without regard to ethnic group identification, race, religion, ancestry, color, creed, sex, marital status, national origin, age

(40 and over), sexual orientation, medical condition, or physical or mental disability. Such requirement shall be deemed fulfilled by use of the phrase "an equal opportunity employer."

- 3. Each labor union or representative of workers with which CONTRACTOR has a collective bargaining agreement or other contract or understanding must post a notice advising the labor union or workers' representative of the commitments under this Nondiscrimination paragraph and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- B. SERVICES, BENEFITS, AND FACILITIES CONTRACTOR shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of ethnic group identification, race, religion, ancestry, color, creed, sex, marital status, national origin, age (40 and over), sexual orientation, medical condition, or physical or mental disability in accordance with Title IX of the Education Amendments of 1972; Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. USC §2000d); the Age Discrimination Act of 1975 (42 U.S.C.A. USC §6101); and Title 9, Division 4, Chapter 6, Article 1 (§10800, et seq.) of the California Code of Regulations, and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by state law and regulations, as all may now exist or be hereafter amended or changed.
- 1. For the purpose of this subparagraph B., "dDiscrimination" includes, but is not limited to the following based on one or more of the factors identified above:
 - a. Denying a client or potential client any service, benefit, or accommodation.
- b. Providing any service or benefit to a client which is different or is provided in a different manner or at a different time from that provided to other clients.
- c. Restricting a client in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit.
- d. Treating a client differently from others in satisfying any admission requirement or condition, or eligibility requirement or condition, which individuals must meet in order to be provided any service or benefit.
 - e. Assignment of times or places for the provision of services.
- 2. Complaint Process CONTRACTOR shall establish procedures for advising all clients through a written statement that CONTRACTOR's clients may file all complaints alleging discrimination in the delivery of services with CONTRACTOR, ADMINISTRATOR, or the COUNTY's Patient's Rights Office. CONTRACTOR's statement shall advise clients of the following:
- a. Whenever possible, problems shall be resolved informally and at the point of service. CONTRACTOR shall establish an internal informal problem resolution process for clients not able to resolve such problems at the point of service. Clients may initiate a grievance or complaint directly with CONTRACTOR either orally or in writing.
- 1) COUNTY shall establish a formal resolution and grievance process in the event informal processes do not yield a resolution.
 - 2) Throughout the problem resolution and grievance process, client rights shall be

3

4 5

> 6 7 8

9 10 11

12 13 14

15 16 17

18 19

20 21

22

23 24

25 26

27 28

29 30

31 32

33 34

35

36 37 maintained, including access to the Patients' Rights Office at any point in the process. Clients shall be informed of their right to access the Patients' Rights Office at any time.

- b. In those cases where the client's complaint is filed initially with the Patients' Rights Office, the Patients' Rights Office may proceed to investigate the client's complaint.
- c. Within the time limits procedurally imposed, the complainant shall be notified in writing as to the findings regarding the alleged complaint and, if not satisfied with the decision, may file an appeal with the Patients' Rights Office.
- C. PERSONS WITH DISABILITIES CONTRACTOR agrees to comply with the provisions of Section §504 of the Rehabilitation Act of 1973 (29 U.S.C.A.USC 794 et seq., as implemented in 45 CFR 84.1 et seq.), and the Americans with Disabilities Act of 1990 (42 U.S.C.A.USC 12101, et seq.), pertaining to the prohibition of discrimination against qualified persons with disabilities in all programs or activities, as they exist now or may be hereafter amended together with succeeding legislation.
- D. RETALIATION Neither CONTRACTOR, nor its employees or agents shall intimidate, coerce or take adverse action against any person for the purpose of interfering with rights secured by federal or state laws, or because such person has filed a complaint, certified, assisted or otherwise participated in an investigation, proceeding, hearing or any other activity undertaken to enforce rights secured by federal or state law.
- E. In the event of non-compliance with this paragraph or as otherwise provided by federal and state law, this Agreement may be canceled, terminated or suspended in whole or in part and CONTRACTOR may be declared ineligible for further contracts involving federal, state or county funds.

XVII. NOTICES

- A. Unless otherwise specified, all notices, claims, correspondence, reports and/or statements authorized or required by this Agreement shall be effective:
- 1. When written and deposited in the United States mail, first class postage prepaid and addressed as specified in the Referenced Contract Provisions of this Agreement or as otherwise directed by ADMINISTRATOR;
 - 2. When faxed, transmission confirmed;
 - 3. When sent by Email; or
- 4. When accepted by U.S. Postal Service Express Mail, Federal Express, United Parcel Service, or other expedited delivery service.
- B. Termination Notices shall be addressed as specified in the Referenced Contract Provisions of this Agreement or as otherwise directed by ADMINISTRATOR and shall be effective when faxed, transmission confirmed, or when accepted by U.S. Postal Service Express Mail, Federal Express, United Parcel Service, or other expedited delivery service.
- C. CONTRACTOR shall notify ADMINISTRATOR, in writing, within twenty-four (24) hours of becoming aware of any occurrence of a serious nature, which may expose COUNTY to liability. Such

occurrences shall include, but not be limited to, accidents, injuries, or acts of negligence, or loss or damage to any COUNTY property in possession of CONTRACTOR.

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

E. In the event of a death, notification shall be made in accordance with the Notification of Death paragraph of this Agreement.

XVIII. NOTIFICATION OF DEATH

A. NON-TERMINAL ILLNESS DEATH

- 1. CONTRACTOR shall notify ADMINISTRATOR by telephone immediately upon becoming aware of the death due to non-terminal illness of any person served hereunder; provided, however, weekends and holidays shall not be included for purposes of computing the time within which to give telephone notice and, notwithstanding the time limit herein specified, notice need only be given during normal business hours.
- 2. In addition, CONTRACTOR shall, within sixteen (16) hours after such death, hand deliver or fax, a written Notification of Non-Terminal Illness Death to ADMINISTRATOR.
- 3. The telephone report and written Notification of Non-Terminal Illness Death shall contain the name of the deceased, the date and time of death, the nature and circumstances of the death, and the name(s) of CONTRACTOR's officers or employees with knowledge of the incident.

B. TERMINAL ILLNESS DEATH

- 1. CONTRACTOR shall notify ADMINISTRATOR by written report faxed, hand delivered, or postmarked within forty-eight (48) hours of becoming aware of the death due to terminal illness of any person served hereunder. The Notification of Terminal Illness Death shall contain the name of the deceased, the date and time of death, the nature and circumstances of the death, and the name(s) of CONTRACTOR's officers or employees with knowledge of the incident.
- 2. If there are any questions regarding the cause of death of any person served hereunder who was diagnosed with a terminal illness, or if there are any unusual circumstances related to the death, CONTRACTOR shall immediately notify ADMINISTRATOR in accordance with subparagraph A. above.

XIX. NOTIFICATION OF PUBLIC EVENTS AND MEETINGS

- A. CONTRACTOR shall notify ADMINISTRATOR of any public event or meeting funded in whole or part by the COUNTY, except for those events or meetings that are intended solely to serve clients or occur in the normal course of business.
- B. CONTRACTOR shall notify ADMINISTRATOR at least thirty (30) business days in advance of any applicable public event or meeting. The notification must include the date, time, duration, location and purpose of public event or meeting. Any promotional materials or event related flyers must

be approved by ADMINISTRATOR prior to distribution.

XX. RECORDS MANAGEMENT AND MAINTENANCE

- A. CONTRACTOR, its officers, agents, employees and subcontractors shall, throughout the term of this Agreement, prepare, maintain and manage records appropriate to the services provided and in accordance with this Agreement and all applicable requirements, which include, but are not limited to:
- 1. California Code of Regulation Title 22, §§70751(c), 71551(c), 73543(a), 74731(a), 75055(a), 75343(a), and 77143(a).
 - 2. State of California, Health and Safety Code §123145.
- 3. Title 45 Code of Federal Regulations (CFR), S164.501; \$164.524; \$164.526; \$164.530(c) and (j).
- B. CONTRACTOR shall implement and maintain administrative, technical and physical safeguards to ensure the privacy of protected health information (PHI) and prevent the intentional or unintentional use or disclosure of PHI in violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), federal and state regulations and/or COUNTY HIPAA Policies and Procedures (P&P) (COUNTY HIPAA P&P 1-2). CHPP. CONTRACTOR shall mitigate to the extent practicable, the known harmful effect of any use or disclosure of protected health information PHI made in violation of federal or state regulations and/or COUNTY policies.
- C. CONTRACTOR's participant, client, and/or patient records shall be maintained in a secure manner. CONTRACTOR shall maintain participant, client, and/or patient records and must establish and implement written record management procedures.
- D. CONTRACTOR shall ensure appropriate financial records related to cost reporting, expenditure, revenue, billings, etc., are prepared and maintained accurately and appropriately.
- E. CONTRACTOR shall ensure all appropriate state and federal standards of documentation, preparation, and confidentiality of records related to participant, client and/or patient records are met at all times.
- F. CONTRACTOR shall ensure all HIPAA Designated Record Set (DRS) requirements are met. HIPAA requires that clients, participants and/or patients be provided the right to access or receive a copy of their DRS and/or request addendum to their records. Title 45 CFR §164.501, defines DRS as a group of records maintained by or for a covered entity that is:
- 1. The medical records and billing records about individuals maintained by or for a covered health care provider;
- 2. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
 - 3. Used, in whole or in part, by or for the covered entity to make decisions about individuals.
 - G. CONTRACTOR may retain participant, client, and/or patient documentation electronically in

1
2
3
<i>3</i>
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

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

- 1. Have documents readily available within twenty four (24 forty-eight (48) hour notice of a scheduled audit or site visit.
- 2. Provide auditor or other authorized individuals access to documents via a computer terminal.
- 3. Provide auditor or other authorized individuals a hardcopy printout of documents, if requested.
- H. CONTRACTOR shall ensure compliance with requirements pertaining to the privacy and security of Personally Identifiable Information (PII) and/or Protected Health Information (PHI). CONTRACTOR shall, immediately upon discovery of a breach of privacy and/or security of PII and/or PHI by CONTRACTOR, notify ADMINISTRATOR of such breach by telephone and email or facsimile.
- I. CONTRACTOR may be required to pay any costs associated with a breach of privacy and/or security of PII and/or PHI, including but not limited to the costs of notification. CONTRACTOR shall pay any and all such costs arising out of a breach of privacy and/or security of PII and/or PHI.
- J. CONTRACTOR shall retain all participant, client, and/or patient medical records for seven (7) years following discharge of the participant, client and/or patient, with the exception of non-emancipated minors for whom records must be kept for at least one (1) year after such minors have reached the age of eighteen (18) years, or for seven (7) years after the last date of service, whichever is longer.
- K. CONTRACTOR shall retain all financial records for a minimum of seven (7) years from the commencement of the contract, unless a longer period is required due to legal proceedings such as litigations and/or settlement of claims.
- L. CONTRACTOR shall make records pertaining to the costs of services, participant fees, charges, billings, and revenues available at one (1) location within the limits of the County of Orange.
- M. If CONTRACTOR is unable to meet the record location criteria above, ADMINISTRATOR may provide written approval to CONTRACTOR to maintain records in a single location, identified by CONTRACTOR.
- N. CONTRACTOR may be required to retain all records involving litigation proceedings and settlement of claims for a longer term which will be directed by the ADMINISTRATOR.
- O. CONTRACTOR shall notify ADMINISTRATOR of any Public Record Act (PRA) request requests related to, or arising out of this Agreement within twenty four (24 forty-eight (48) hours. CONTRACTOR shall provide ADMINISTRATOR all information that is requested by the PRA request.

XX. REVENUE

A. CLIENT FEES - CONTRACTOR shall charge, unless waived by ADMINISTRATOR, a fee to clients, except AB 3632 clients, to whom services, other than Medi-Cal Services, are provided pursuant

3334

35

36

1	ŀ
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	

#

to this Agreement, their estates and responsible relatives, according to their ability to pay as determined by the State Department of Mental Health's "Uniform Method of Determining Ability to Pay" (UMDAP) procedure, and in accordance with Title 9 of the California Code of Regulations. Such fee shall not exceed the actual cost of services provided. No client shall be denied services because of an inability to pay.

B. THIRD PARTY REVENUE CONTRACTOR shall make every reasonable effort to obtain all available third party reimbursement for which persons served hereunder may be eligible. Charges to insurance carriers shall be on the basis of CONTRACTOR's usual and customary charges.

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

-XXI. <u>SEVERABILITY</u>

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

XXII. SPECIAL PROVISIONS

- A. CONTRACTOR shall not use the funds provided by means of this Agreement for the following purposes:
 - 1. Making cash payments to intended recipients of services through this Agreement.
- 2. Lobbying any governmental agency or official or making political contributions. CONTRACTOR shall file all certifications and reports in compliance with this requirement pursuant to Title 31, U.S.C.A, Section USC, § 1352 (e.g., limitation on use of appropriated funds to influence certain federal contracting and financial transactions).
 - 3. Supplanting current funding for existing services.
 - 4. Fundraising.
- 5. Purchase of gifts, meals, entertainment, awards, or other personal expenses for CONTRACTOR's staff, volunteers, or members of the Board of Directors.
- - 7€. Making personal loans to CONTRACTOR's staff, volunteers, interns, consultants,

35

1	
2	
3	
4	
5	
6	
7	
γ 8	
9	
9 10	
	l
12	ı
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	

31

32

33

34

35

36 37 subcontractors, and members of the Board of Directors or its designee or authorized agent, or making salary advances or giving bonuses to CONTRACTOR's staff.

- 87. Paying an individual salary or compensation for services at a rate in excess of the current Level I of the Executive Salary Schedule as published by the Federal Office of Personnel Management (OPM). The OPM Executive Salary Schedule may be found at www.opm.gov.
 - 8. Severance pay for separating employees.
- 9. Paying rent and/or lease costs for a facility prior to the facility meeting all required building codes and obtaining all necessary building permits for any associated construction.
- B. Unless otherwise specified in advance and in writing by ADMINISTRATOR, CONTRACTOR shall not use the funds provided by means of this Agreement for the following purposes:
- 1. Purchasing or improving land, including constructing or permanently improving any building or facility, except for tenant improvements.
 - 2. Providing inpatient hospital services or purchasing major medical equipment.
- 3. Satisfying any expenditure of non-federal funds as a condition for the receipt of federal funds (matching).
- 4. Purchase of gifts, meals, entertainment, awards, or other personal expenses for CONTRACTOR's clients.
 - 5. Funding travel or training (excluding mileage or parking).
- 6. Making phone calls outside of the local area unless documented to be directly for the purpose of client care.
 - 7. Payment for grant writing, consultants, certified public accounting, or legal services.
- 8. Purchase of artwork or other items that are for decorative purposes and do not directly contribute to the quality of services to be provided pursuant to this Agreement.

XXIII. STATUS OF CONTRACTOR

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

3 4 5

9 10

111213

1415

16 17

18 19

20 21

2223

2425

2627

2829

3031

3233

34 35

3637

TAX LIABILITY

CONTRACTOR shall report and pay all applicable federal, state, and local income taxes or similar levies as a result of any monies paid CONTRACTOR under this Agreement. CONTRACTOR shall indemnify, defend and hold COUNTY harmless from all liability, claims, losses, demands, including defense costs and attorney fees, whether resulting from court action or otherwise, in the event that any taxing authority or other agency attempts to obtain from COUNTY any such monies, or penalties or interest imposed, resulting from any failure of CONTRACTOR to comply with the provisions of this paragraph.

XXIV. <u>TERM</u> XXV. <u>TERM</u>

The term of this Agreement shall commence and terminate as specified in the Referenced Contract Provisions of this Agreement, unless otherwise sooner terminated as provided in this Agreement; provided, however, CONTRACTOR shall be obligated to perform such duties as would normally extend beyond this term, including but not limited to, obligations with respect to confidentiality, indemnification, audits, reporting and accounting.

XXV. TERMINATION

- A. Either party may terminate this Agreement, without cause, upon thirty (30) calendar days written notice given the other party.
- B. Unless otherwise specified in this Agreement, COUNTY may terminate this Agreement upon five (5) calendar days written notice if CONTRACTOR fails to perform any of the terms of this Agreement. At ADMINISTRATOR's sole discretion, CONTRACTOR may be allowed up to thirty (30) calendar days for corrective action.
- C. COUNTY may terminate this Agreement immediately, upon written notice, on the occurrence of any of the following events:
 - 1. The loss by CONTRACTOR of legal capacity.
 - 2. Cessation of services.
- 3. The delegation or assignment of CONTRACTOR's services, operation or administration to another entity without the prior written consent of COUNTY.
- 4. The neglect by any physician or licensed person employed by CONTRACTOR of any duty required pursuant to this Agreement.
- 5. The loss of accreditation or any license required by the Licenses and Laws paragraph of this Agreement.
- 6. The continued incapacity of any physician or licensed person to perform duties required pursuant to this Agreement.
- 7. Unethical conduct or malpractice by any physician or licensed person providing services pursuant to this Agreement; provided, however, COUNTY may waive this option if CONTRACTOR

1 2 3	r
4	
5	
6	(
7	
8	a
9	
10	t
11	(
12	-
13	<u>a</u>
14	S
15	r
16]
17]
18	
19	i
20	
21	ŗ
22	
23	υ
24	C
25	
26	C
27	
28	Ċ
29	
30	S
31	
32	ŗ
33	C
34	(

removes such physician or licensed person from serving persons treated or assisted pursuant to this Agreement.

D. CONTINGENT FUNDING

- 1. Any obligation of COUNTY under this Agreement is contingent upon the following:
- a. The continued availability of federal, state and county funds for reimbursement of COUNTY's expenditures, and
- b. Inclusion of sufficient funding for the services hereunder in the applicable budget approved by the Board of Supervisors.
- 2. In the event such funding is subsequently reduced or terminated, COUNTY may <u>suspend</u>, terminate or renegotiate this Agreement upon thirty (30) calendar days written notice given CONTRACTOR.
- E. In the event this Agreement is suspended or terminated prior to the completion of the term as specified in the Referenced Contract Provisions of this Agreement, ADMINISTRATOR may, at its sole discretion, reduce the Maximum Obligation of this Agreement in an amount consistent with the reduced term of the Agreement.
- <u>F.</u> In the event this Agreement is terminated by either party, after receiving a Notice of Termination CONTRACTOR shall do the following:
- 1. Comply with termination instructions provided by ADMINISTRATOR in a manner which is consistent with recognized standards of quality care and prudent business practice.
- 2. Obtain immediate clarification from ADMINISTRATOR of any unsettled issues of contract performance during the remaining contract term.
- 3. If clients are to be transferred to another facility for services, furnish ADMINISTRATOR, upon request, all client information and records deemed necessary by ADMINISTRATOR to effect an orderly transfer.
- 4. Assist ADMINISTRATOR in effecting the transfer of clients in a manner consistent with client's best interests.
- 5. If records are to be transferred to COUNTY, pack and label such records in accordance with directions provided by ADMINISTRATOR.
- 6. Return to COUNTY, in the manner indicated by ADMINISTRATOR, any equipment and supplies purchased with funds provided by COUNTY.
- 7. To the extent services are terminated, cancel outstanding commitments covering the procurement of materials, supplies, equipment, and miscellaneous items, as well as outstanding commitments which relate to personal services. With respect to these canceled commitments, CONTRACTOR shall submit a written plan for settlement of all outstanding liabilities and all claims arising out of such cancellation of commitment which shall be subject to written approval of ADMINISTRATOR.
 - 8. Provide written notice of termination of services to each client being served under this

35

36

Attachment B. Redline Version to Attachment A Agreement, within fifteen (15) calendar days of receipt of Termination Notice by ADMINISTRATOR. A copy of the notice of termination of services to each client must also be provided to ADMINISTRATOR within the fifteen (15) calendar day period. FG. The rights and remedies of COUNTY provided in this Termination paragraph shall not be exclusive, and are in addition to any other rights and remedies provided by law or under this Agreement. XXVI. THIRD PARTY BENEFICIARY Neither party hereto intends that this Agreement shall create rights hereunder in third parties including, but not limited to, any subcontractors or any clients provided services hereunder. XXVII. WAIVER OF DEFAULT OR BREACH Waiver by COUNTY of any default by CONTRACTOR shall not be considered a waiver of any subsequent default. Waiver by COUNTY of any breach by CONTRACTOR of any provision of this Agreement shall not be considered a waiver of any subsequent breach. Waiver by COUNTY of any default or any breach by CONTRACTOR shall not be considered a modification of the terms of this Agreement.

2122

1

2

3

4

567

8

9 10

11

12

13

14

15

16

30

3637

30 of 31 31 30 X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX

IN WITNESS WHEREOF, the parties have execu	ited this Agreement, in the County of Or
State of California.	
ORANGE COUNTY ASSOCIATION FOR MENTAL H	
DBA MENTAL HEALTH ASSOCIATION OF ORANG	E COUNTY
BY:	DATED:
TITLE:	<u> </u>
BY:	DATED:
TITLE:	=
COUNTY OF ORANGE	
BY:	DATED:
— CHAIR OF THE BOARD OF SUPERVISORS	
SIGNED AND CERTIFIED THAT A COPY	
OF THIS DOCUMENT HAS BEEN DELIVERED	
TO THE CHAIR OF THE BOARD PER G.C. SEC. 251	03, RESO 79-1535
ATTEST:	
	DATED:
-DARLENE J. BLOOM	
- Clerk of the Board of Supervisors - Orange County, California	
HEALTH CARE AGENCY	
HEALTH CAKE AGENCT	
ADDROVED AS TO FORM	
APPROVED AS TO FORM	
OFFICE OF THE COUNTY COUNSEL	
ORANGE COUNTY, CALIFORNIA	
n.	
BY:	DATED:
DEPUTY	
If the contracting party is a corporation, two (2) signatures are requ	uired: one (1) signature by the Chairman of the Boa
President or any Vice President; and one (1) signature by the Secror any Assistant Treasurer. If the contract is signed by one (1) aut	etary, any Assistant Secretary, the Chief Financial C
or by-laws whereby the board of directors has empowered said	authorized individual to act on its behalf by his
signature alone is required by HCA.	

1	EXHIBIT A
2	TO AGREEMENT WITH
3	ORANGE COUNTY ASSOCIATION FOR MENTAL HEALTH
4	DBA MENTAL HEALTH ASSOCIATION OF ORANGE COUNTY
5	FOR
6	CHILDREN AND TRANSITIONAL AGE YOUTH
7	MENTORING SERVICES
8	JULY 1, 201 <mark>2</mark> THROUGH JUNE 30, 201 <mark>2</mark>
9	
10	I. <u>DEFINITIONS</u>
11	The parties agree to the following terms and definitions, and to those terms and definitions which,
12	for convenience, are set forth elsewhere in this AGREEMENT the Agreement.
13	- A. AB 3632 Program, also known as the Chapter 26.5 program, means the special education
14	program under the rules and regulations of Chapter 26.5 of the Government Code.
15	B_A. Active and Ongoing Case Load means documentation, by CONTRACTOR, for completion
16	of entry and evaluation services provided to County's Integrated Records Information
17	System (IRIS). Documentation also includes level, frequency, and duration of services received by
18	Eglients, and these services must be consistent with Eglients' level of impairments as well as treatment
19	goals. In addition, services are to be individualized and solution-focused, using evidenced-based
20	practices.
21	EB. Administrative Support means individual(s) who is/are responsible for providing a broad range
22	of office support to program and management staff that includes: answering and directing phone calls,
23	writing correspondences, entering data in spreadsheets, preparing invoices for payment, maintaining
24	tracking reports and files, and working on special projects, as assigned.
25	DC. Admission means documentation, by CONTRACTOR, for completion of entry and evaluation
26	services provided to <u>Cclients</u> into IRIS.
27	E. <u>CAMINAR</u> means software used for the collection, tracking, and reporting of outcome data for
28	Clients enrolled in the Full Service Partnerships (FSP) programs.
29	1. 3 M's means the Quarterly Assessment Form being completed for each Client every
30	three months in CAMINAR.
31	2. <u>Data Certification</u> means reviewing outcome data mandated by the State and COUNTY for
32	accuracy and signing a "Certification of Accuracy of Data" attesting to the accuracy of data entered into
33	CAMINAR.
34	3. Key Events Tracking (KET) means tracking Clients' service movements or changes in
35	CAMINAR. A KET must be completed and Client data entered into CAMINAR each time the
36	CONTRACTOR reports a change of Client status in certain categories. These categories include:
37	residential status, employment status, education and benefits establishment.

1	Dartnarchin	Assessment	Form (DAE) n	same the	hacalina	accacement	for each	Client the
	1 arthership	Assessment	TOTHI (1	<u> </u>	icans un	baseinie	assessment	TOT Cacif	Chent tha
must be con	nnleted and c	entered into C	AMINA	D with	in thirty	(30) days	of the ESP d	ata_	
must be con	iipicica ana c	intered into C	2 117111 1 2	XIX WILL	iiii tiiiity	(30) days	of the fibra	aic.	

- F. <u>Care Coordinator</u> means an individual with a Bachelor's degree in human services or related field who will be responsible for developing and leading the Family Team and guiding the evolution of a <u>Plan of Care POC</u> for a <u>Cclient</u>.
- GE. Client means any individual, referred or enrolled, for services under this AGREEMENT the Agreement who is living with mental, emotional, or behavioral disorders.
- HF. <u>Clinical Director</u> means an individual who is responsible for the day-to-day clinical services of the program, meets the minimum requirements set forth in Title 9, <u>California Code of Regulations CCR</u>, and has at least two (2) years of full-time professional experience working with children and/or <u>Transitional Age Youth TAY</u> in a mental health setting.
- Crisis Intervention means a service, lasting less than twenty-four (24) hours, that is provided to or on the behalf of a condition that requires more timely response than a regularly scheduled visit. Service activities may include, but are not limited to: assessment, individual therapy, collateral therapy, family therapy, case management, and psychiatric evaluation.
- H. Data Collection System means software used for the collection, tracking, and reporting of outcomes data for clients enrolled in the FSP programs.
- 1. 3 M's means the Quarterly Assessment Form being completed for each client every three months in the approved data collection system.
- 2. Data Certification means reviewing outcome data mandated by the State and COUNTY for accuracy and signing a Certification of Accuracy of Data form indicating that the data is accurate.
- 3. KET means the tracking of a client's service movement or changes in the approved data collection system. A KET must be completed and entered accurately each time the CONTRACTOR is reporting a change from previous client status in certain categories. These categories include: residential status, employment status, education and benefits establishment.
- 4. JPAF means the baseline assessment for each client that must be completed and entered into the data collection system within thirty (30) days of the Partnership date.
- <u>Diagnosis</u> means identifying the nature of a <u>Cc</u>lient's disorder. When formulating the diagnosis of <u>Cc</u>lient, CONTRACTOR shall use the diagnostic codes and axes as specified in the most current edition of the Diagnostic and <u>Statistical Manual of Mental Disorders (DSM) DSM</u> published by the American Psychiatric Association. DSM diagnoses will be recorded on all IRIS documents, as appropriate.
- K. <u>Direct Service Hours (J. DSH)</u> means the time, measured in hours and portions of hours, that a clinician spends providing services to <u>C</u>clients or significant others on behalf of <u>C</u>clients. DSH credit, both billable and non-billable minutes, is obtained by providing mental health, case management, medication support, and crisis intervention services to <u>C</u>clients open in IRIS.

LK. Education Coordinator means an individual who is responsible for providing assistance and support with educational and vocational services as well as developing resources for those **E** lients that wish to further their education or training.

- ML. Employment Coordinator means an individual who provides pre-employment training, job orientation, and site training to Colients. This individual is also responsible for assisting Colients with job application procedures; teaching social, grooming and dress-for-success personal hygiene skills to Colients; and coaching Colients on how to maintain employment. In addition, the Employment Coordinator may provide on-the-job mentoring and will work closely with the hiring companies and Colients.
- NM. Engagement means the process where a trusting relationship between CONTRACTOR's staff and Colient is developed over a short period of time, so CONTRACTOR and Colient can develop a plan to link the Colient to appropriate services within the community. Engagement of Client is the objective of a successful outreach.
- ONTRACTOR's staff and Collient(s)/parent(s)/guardian(s). This does not include contact by phone, email, etc. For the purpose of completing an Encounter Document, Face-to-Face Contact means a direct encounter between staff and Collient(s), regardless if another individual(s) is/are present or not.
- PO. Family Resource Center Services means Mental Health Services provided to Celients that are actively enrolled at the County of Orange, Social Services Agency (SSA) Family Resource Center (COUNTY's SSA's FRC). FRC is a consortium of agencies providing human services in a single site and under the auspices of SSA.
- <u>QP</u>. <u>Family Team</u> means a group formed to meet the needs of <u>ana</u> FSP eligible <u>Cclient</u> through whatever means possible, and this team includes a program staff, the eligible <u>Cclient</u>, the <u>Cclient</u>'s family members, and other support individual(s) the family agrees to include on the team.
- Q. FSP—R. Full Service Partnership (FSP) means a program model described in COUNTY's MHSA plan that has been approved by the State. The MHSA plan describes how COUNTY will utilize MHSA funds to develop and implement treatment plans for mental health Celients through FSPs. A FSP is an evidence-based and strength-based model with the focus on the individual rather than the disease.
- S. Full Service Wraparound (R.FSW) means the specific program model described in COUNTY's MHSA plan. The FSW program provides culturally competent in-home, intensive, mental health care coordination services that will address family needs across all life domains of the Celient.
- TS. <u>Group Home</u> is a facility for housing youth and is licensed by Community Care Licensing under the provisions of <u>California Code of Regulations CCR</u>, Title 22, Division 6, et seq.
- <u>UT</u>. <u>Head of Service</u> means an individual ultimately responsible for overseeing the program and is required to be licensed as a mental health professional.

X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX

Housing Coordinator means an individual who is responsible for assisting Colients with housing solutions. This individual is also responsible for outreach and networking within the community to maintain an up-to-date record of available housing resources. In addition, the coordinator will work with the Family Team to assess the needs of Colients.

WV. <u>Individual Services and Support Funds (Flexible Funds)</u> means funds used to provide Celients and/or their families with immediate assistance, as deemed necessary, for the treatment of their mental illness and improve their overall quality of life. Flexible Funds are generally categorized as housing, Celient transportation, food, clothing, medical, and miscellaneous expenditures that are individualized and appropriate to support Celients' mental health treatment activities.

XW. Intake means the initial meeting between a Contractor's staff, and includes an evaluation of the client to determine if the client meets program criteria and is willing to seek services.

X. Y. Integrated Records and Information System (IRIS) means the County of Orange, Health Care Agency's COUNTY's database system that collects Collects information such as registration, scheduled appointments, laboratory information system, billinginvoice and reporting capabilities, compliance with regulatory requirements, electronic medical records, and other relevant applications.

ZY. Licensed Clinical Social Worker CSW means a licensed individual, pursuant to the provisions of Chapter 14 of the California Business and Professions Code, who can provide clinical services to Cclients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and Transitional Age Youth TAY.

AAZ. <u>Licensed Marriage and Family Therapist MFT</u> means a licensed individual, pursuant to the provisions of Chapter 13 of the California Business and Professions Code, pursuant to the provisions of Chapter 14 of the California Business and Professions Code, who can provide clinical services to <u>Clients</u>. <u>Clients</u>. <u>Clients</u>. <u>The license must be current and in force, and has not been suspended or revoked</u>. <u>Also</u>, it is preferred that the individual has at least one (1) year of experience treating children and TAY.

AA. LPCC means a licensed individual, pursuant to the provisions of Chapter 13 of the California Business and Professions Code, pursuant to the provisions of Chapter 16 of the California Business and Professions Code, who can provide clinical service to clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and Transitional Age Youth TAY.

AB. <u>Licensed Mental Health Professionals</u> mean licensed physicians, <u>Licensed Psychologists</u>, <u>Licensed Clinical Social Workers</u>, <u>Licensed Marriage and Family Therapists</u>, <u>registered nurses</u>, <u>licensed vocational nurses</u>, and <u>licensed psychiatric technicians</u>.

<u>LPTAC. Licensed Psychologist</u> means a licensed individual, pursuant to the provisions of Chapter 6.610 of the California Business and Professions Code, who can provide clinical services to Colients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred

X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX

AD means a licensed individual, pursuant to the provisions of Chapter 6.6 of the California Business and Professions Code, who can provide clinical services to clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.

- AD. LVN means a licensed individual, pursuant to the provisions of Chapter 6.5 of the California Business and Professions Code, who can provide clinical services to clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least
- AE. Medical Necessity means diagnosis, impairment, and intervention related criteria as defined in the Orange County Mental Health Plan (MHP)COUNTY MHP under Medical Necessity for Medi-Cal
- AEAF. Medication Services means face-to-face or telephone services provided by a licensed physician, registered nurse, or other qualified medical staff. This service includes evaluation and documentation of the clinical justification for use of the medication, dosage, side effects, compliance, and response of the
- AFAG. Mental Health Rehabilitation Specialist means an individual with a Bachelor's Degree who has four years of experience in a mental health services setting as a specialist in the fields of physical restoration, social adjustment, and/or vocational adjustment.
- AGAH. Mental Health Services means an individual or a group therapy and intervention being provided to <u>Cc</u>lients that is designed to reduce mental disability and restores or improves daily functioning. These Mental Health Services must be consistent with goals of learning and development, as well as independent living and enhanced self-sufficiency. In addition, these services cannot be provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to: assessment, plan development, rehabilitation, and collateral. Also, Mental Health Services may be either Face-to-Face Contact, or by telephone with Celients or significant support individuals, and services may be provided anywhere in the community.
- 1. Assessment means a service activity, which may include a clinical analysis of the history and current status of a Cclient's mental, emotional, behavioral disorder, and relevant cultural issues. The Assessment also needs to include history of services being provided, diagnosis, and use of testing procedures.
- 2. <u>Collateral</u> means significant support individual(s) in a <u>Cclient's life and is/are used to</u> define services provided to the Cclient with the intent of improving or maintaining the mental health status of the <u>Cclient</u>. The <u>Cclient</u> may or may not be present for this service activity.
 - 3. Co-Occurring see Dual Disorders (DD) Integrated Treatment Model.

X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

- 4. <u>Dual Disorders (DD)</u> Integrated Treatment Model means a program that uses a stage-wise treatment model and is non-confrontational, follows behavioral principles, considers interactions between mental illness and substance abuse, and has gradual expectations of abstinence. Mental illness and substance abuse research has strongly indicated that a <u>Cclient</u> with co-occurring disorder needs treatment for both problems to recover fully and focusing on one does not ensure the other will go away. Dual diagnosis services integrate assistance for each condition by helping <u>Cclients</u> recover from mental illness and substance abuse in one setting and at the same time.
- 5. <u>Medication Support Services</u> means services provided by licensed physicians, registered nurses, or other qualified medical staff, which include: prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate symptoms of mental illness. These services also include evaluation and documentation of the clinical justification and effectiveness of medication, dosage, side effects, compliance, and response to medication. In addition, the licensed physicians, registered nurses, or other qualified medical staff must obtain informed consent from <u>Celients</u> prior to providing medication education and plan development related to the delivery of these services and/or assessment to <u>Celients</u>.
- 6. <u>Rehabilitation Service</u> means an activity which includes assistance to improving, maintaining, or restoring a <u>Cclient</u>'s or group of <u>Cclients</u>' functional skills, daily living skills, social and leisure skill, grooming and personal hygiene skills, meal preparation skills, support resources and/or medication education.
- 7. <u>Targeted Case Management</u> means services that assist a <u>Cc</u>lient to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These service activities may include, but are not limited to: communicating and coordinating services through referral; monitoring service delivery to ensure <u>Cc</u>lients' access to service and the service delivery system; and tracking of <u>Cc</u>lients' progress and plan development.
- 8. Therapeutic Behavioral Services (TBS) means one-on-one behavioral interventions with a Cclient, which is designed to reduce or eliminate targeted behaviors as identified in the Cclient's treatment plan. Collateral services are also provided to parent(s)/guardian(s) as part of TBS. Clients must be Medi-Cal eligible and meet TBS class membership and service need requirements. Documentation in the medical record must support Medical Necessity for these intensive services. Cases in which Cclients are receiving more than twenty (20) hours per week of TBS or those who are expected to receive more than four months (120 days) of TBS must be approved by ADMINISTRATOR. ADMINISTRATOR has to approve individuals that are delivering these intervention services to ensure they are qualified to deliver these services.
- 9. <u>Therapy</u> means a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to a <u>Cc</u>lient or a group of <u>Cc</u>lients, which may include family therapy with <u>Cc</u>lient being present.

10

18

15

23

28

32 33 34

35 36

37

funding for expanded community mental health services. It is also known as "Proposition 63." AIAJ. Mental Health Worker means an individual who has obtained a Bachelor's degree in a mental

AH. Mental Health Services Act (AI. MHSA) means the State of California law that provides

health field or has a high school diploma along with two (2) years of experience delivering services in a mental health field. AJAK. Mentoring Services means a service that provides support to Colients by building a structured

- and trusting relationship over a prolonged period of time between a Cclient and a mentor. The mentor is a peer or older individual who provides one-to-one contact and support in the following areas to assist Celient(s)/parent(s)/guardian(s): consistent support, guidance, and coaching in life skills; concrete help and/or other relationship-building activities to the Celient(s)/parent(s)/guardian(s); and linking the $\mathbf{C}_{\mathbf{c}}$ lient(s)/parent(s)/guardian(s) to other services within the COUNTY and contract operated programs.
- 1. Paid Parent Mentor means an individual, age twenty-six (26) and older, who has been screened and trained to provide Mentoring Services and is reimbursed for providing such services under the Mentoring Services Contract. A different designation for this position is permissible for purposes of CONTRACTOR's employment records and recruitment efforts if such designation is accompanied by clear cross-referencing in all reports and communications to ADMINISTRATOR.
- 2. Paid Transitional Age Youth TAY Mentor means an individual, age eighteen (18) to twentyfive (25), who has been screened and trained to provide Mentoring Services and is reimbursed for providing such services under the Mentoring Services Contract. A different designation for this position is permissible for purposes of CONTRACTOR's employment records and recruitment efforts if such designation is accompanied by clear cross-referencing in all reports and communications to ADMINISTRATOR.
- 3. Volunteer Mentor means an individual, age eighteen (18) and older, who has been screened and trained to provide Mentoring Services and is not reimbursed for providing such services under the Mentoring Services Contract. "Reimbursement" for services excludes expenses such as transportation costs, as transportation costs are allowable and reimbursable costs. A different designation for this position is permissible for purposes of CONTRACTOR's employment records and recruitment efforts if such designation is accompanied by clear cross-referencing in all reports and communications to ADMINISTRATOR.
- AL. AK. National Provider Identifier (NPI) means the standard unique health identifier that was adopted by the Secretary of Health and Human Services HHS under Health Insurance Portability and Accountability Act (HIPAA) of 1996 for health care providers. All HIPAA covered healthcare providers, individuals, and organizations must obtain an NPI for use to identify themselves in HIPAA standard transactions. The NPI is assigned for life.
- AL. Notice of Action (AM. NOA-A) means a Medi-Cal requirement that informs the beneficiary that she/he is not entitled to any specialty mental health service. The County of Orange COUNTY has expanded the requirement for an NOA-A to all beneficiaries requesting an

assessment for services and found not to meet the Medical Necessity criteria for specialty mental health services.

AM. Notice of Privacy Practices (AN. NPP) means a document that notifies Celients of uses and disclosures of PHI. The NPP may be made by, or on behalf of, the health plan or health care provider as set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

ANAO. Outcomes Analyst/Data Mining Analyst means an individual who ensures that an FSP program maintains a focus on program outcomes. This individual will be responsible for reviewing outcome data, analyzing data, and developing strategies for gathering new data from Celient's perspective to improve FSP's understanding of Celient's needs and desires towards furthering their Recovery. This individual will also provide feedback to the program and work collaboratively with the employment specialist, education specialist, benefits specialist, and other staff in the program to strategize and improve outcomes in service delivery. In addition, this position will be responsible for attending all data and outcome related meetings and ensuring that the FSP is being proactive in all data collection requirements and changes at the local and state levels.

AOAP. Outreach means linking potential Cclients to appropriate mental health services within the community. Outreach activities will include educating the community about the services offered and requirements for participation in the programs. Such activities may result in the CONTRACTOR developing Referral sources for Cclients from various programs being offered within the community.

APAQ. Parent Partner means an individual who supports and assists other parent(s)/guardian(s) with children or youth in the system and is hired due to his/her own personal experience and knowledge in raising a child or youth with emotional/behavioral disturbance. For Wraparound Orange County, it is required that this individual has exposure to COUNTY's Welfare Services, Probation, or Mental Health System and can provide support to the Family Team and the parent(s)/guardian(s) in particular.

AQ. Personal Service Coordinator (PSC) AR. PSC means an individual with a Bachelor's degree in human services or related field. It is preferred that the individual has at least two years of related experience with mental health services, or three years' experience as a Cclient in a similar program who has graduated to self-sufficiency. A PSC leads the implementation of a service plan covering an entire range of needs for the Cclient and/or Cclient's family to promote success, safety, and permanence in the home, school, workforce, and community and lead Cclients to self-sufficiency.

AR. Pharmaceutical Benefits Management (AS. PBM) Company means a company contracted by the County COUNTY that manages the medication benefits for Behavioral Health Services (BHS) and Medical and Institutional Health Services (MIHS) Celients that are qualified for medication benefits.

AT. AS. Plan of Care (POC) means a written plan, including by reference any Juvenile Court order(s), developed and signed by the Family Team that includes the following elements:

- 1. A statement of an overall goal or vision for the Celient and Celient's family.
- 2. The strengths of the Cclient and Cclient's family.

X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX

- - 3. The needs, as defined by specific life areas that must be met to achieve the goal(s) of the Celient and Celient's family.
 - 4. Prevention and intervention Safety Plans.
 - 5. The type, frequency, and duration of intervention strategies.
 - 6. Financial responsibility for the components of the POC.
 - 7. Desired outcomes.

ATAU. Pre-Licensed Psychologist means an individual who has a Ph.D. or Psy.D. in Clinical Psychology and is registered with the Board of Psychology as a registered Psychology internRegistered Psychologist or Psychological Assistant, while acquiring hours for licensing and providing services under a waiver in accordance with W&ICWIC section 575.2. The waiver may not exceed five (5) years. AUAV. Pre-Licensed Therapist means an individual who has a Master's Degree in social work or marriage and family therapy (MFT). PCC and is registered with the Board of Behavioral Sciences (BBS)

as an associate clinical social worker, <u>PCC intern</u>, or MFT intern, while acquiring hours for licensing. Registration is subject to regulations adopted by BBS.

AVAW.Program Director means an individual who is responsible for all aspects of administration and clinical operations of the mental health program, including development and adherence to the annual budget. This individual will also be responsible for the following: hiring, development and performance management of professional and support staff, and ensuring mental health treatment services are provided in concert with local and state rules and regulations.

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

AXAY. Promotores means individuals who are members of the community that function as natural helpers to address some of the communities' unmet mental health, health and human service needs. They are individuals who represent the ethnic, socio-economic and educational traits of the population being served. Promotores are respected and recognized by peers and have the pulse of the community's needs.

AY. Protected Health Information (PHI)AZ. PHI means individually identifiable health information usually transmitted through electronic media. PHI can be maintained in any medium as defined in the regulations, or for an entity such as a health plan, transmitted or maintained in any other medium. It is created or received by a covered entity and is related to the past, present, or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present, or future payment for health care provided to an individual.

AZBA. <u>Psychiatrist</u> means an individual who meets the minimum professional and licensure requirements set forth in Title 9, <u>California Code of Regulations CCR</u>, Section 623, and, preferably, has at least one (1) year of experience treating children and <u>Transitional Age Youth TAY</u>.

BA. Quality Improvement Committee (BB. Psychology Student or Psychology Intern means an 1 individual who is in school pursuing a Ph.D. or Psy.D. in Clinical Psychology, and may or may not meet 2 the criteria for a DHCS Waiver in order to provide services in accordance with DHCS Information 3 Letter No. 10-03. The waiver may not exceed (5) years. 4 BC. QIC means a committee that meets quarterly to review one percent (1%) of all "high-risk" 5 Medi-Cal Celients in order to monitor and evaluate the quality and appropriateness of services provided. 6 At a minimum, the committee is comprised of one (1) COUNTY ADMINSTRATOR, one (1) clinician, 7 and one (1) physician who are not involved in the clinical care of the cases. 8 BBBD. RCL Group Home means a group home reviewed by the State Department of Social Services, 9 Foster Care Rates Bureau, that meets the requirements for a Rate Classification Level 10 (RCL)RCL of 1 to 14, to provide eligible minors room and board and supervision. 11 BCBE. Referral means effectively linking Cclients to other services within the community and 12 documenting follow-up provided within five (5) business days to assure that Cclients have made contact 13 with the referred service(s). 14 BD BF. Registered Nurse means a licensed individual, pursuant to the provisions of Chapter 6 of the 15 California Business and Professions Code, who can provide clinical services to clients. The license 16 must be current and in force, and has not been suspended or revoked. Also, it is preferred that the 17 individual has at least one (1) year of experience treating children and TAY. 18 BG. Student Intern means student(s) currently enrolled in an accredited graduate or undergraduate 19 program and is/are accumulating supervised work experience hours as part of field work, internship, or 20 practicum requirements. Acceptable programs include all programs that assist students in meeting the 21 educational requirements to be a Licensed Marriage and Family TherapistMFT, a LCSW, a Licensed 22 Clinical Social Worker, or Psychologist, a Licensed Clinical Psychologist PCC, or to obtain a Bachelor's 23 degree. Individuals with graduate degrees and have two (2) years of full-time experience in a mental 24 health setting, either post-degree or as part of the program leading to the graduate degree, are not 25 considered as students. 26 **BEBH.** Supervisory Review means ongoing clinical case reviews in accordance with procedures 27 developed by the County of OrangeCOUNTY to determine the appropriateness of the diagnosis and 28 treatment plan for Cclients, as well as to monitor compliance to the minimum CYSADMINISTRATOR 29 and Medi-Cal charting standards. Supervisory review is conducted by the program/clinic director or 30 designee. 31 BFI. Token means the security device which allows an end-user to access the County of Orange, 32 Health Care Agency's (HCA)ADMINISTRATOR's computer based Integrated Records Information 33 System (IRIS).. 34 BGBJ. UMDAP means Universal Method of Determining Ability to Pay, asthe method used for 35 determining the annual client liability for mental health services received from the COUNTY mental 36 health system and is set by the State of California. 37

BHBK. Wellness Coordinator means an individual who specializes in assisting Celients with access to a myriad of health care needs, nutrition resources, and other community supports. This individual will be responsible for documenting the services required, as well as communicating the needs of Celients to the Family Team.

— <u>BI</u> <u>BL</u>. <u>Wraparound Orange County</u> (<u>WOC</u>) means the wraparound program administered by County of Orange Social Services Agency COUNTY's SSA and is available to children and Transitional Age Youth TAY who are returning from or being considered for placement in group homes.

BJBM. Youth Partner/Specialist means an individual who has a high school diploma, preferably a bachelor's degree in human services or a related field, and has a background working with children and Transitional Age Youth. TAY. This individual is to provide consistent, reinforcing support to Celients by allowing opportunities for Celients to learn and practice social behavior, problem solving skills, and coping skills. In the spirit of MHSA, these positions can be filled by adequate numbers of bilingual, bicultural staff in order to meet the referral needs of the program and the threshold language requirements for Orange County. COUNTY. It is also recommended by COUNTY that former mental health Celients and/or their family members be given priority for these positions due to their unique insight into the experiences of Celients.

#

II. BUDGET

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

24		<u>BUDGET</u>	BUDGET
25	ADMINISTRATIVE COST		
26	Salaries	\$37,926	\$ 27,792
27	Benefits	8,018	6,017
28	Services and Supplies	12,416	<u>—12,016</u>
29	Subcontractors		6,500
30	SUBTOTAL ADMINISTRATIVE COST	<u>58,360</u>	\$ 52,325
31			
32	PROGRAM COST		
33	Salaries	<u>\$294,783</u>	\$289,003
34	Benefits	62,317	-62,569
35	Services and Supplies	\$84,540	96,103
36	Services and Supplies		
37	SUBTOTAL PROGRAM COST	441,640	\$447,675

1		
2	TOTAL GROSS COST	\$500,000
3		
4	REVENUE	_
5	— Mental Health Services Act	<u>\$500,000</u>
6	<u>MHSA</u>	
7	TOTAL REVENUE	\$500,000
8		
9	TOTAL MAXIMUM OBLIGATION	\$500,000
10		

- B. In the event CONTRACTOR collects fees and insurance, including Medicare, for services provided pursuant to theis Agreement, CONTRACTOR may make written application to ADMINISTRATOR to retain such revenues; provided, however, the application must specify that the fees and insurance shall be utilized exclusively to provide mental health services. ADMINISTRATOR may, at its sole discretion, approve any such retention of revenues. Approval by ADMINISTRATOR shall be in writing to CONTRACTOR and shall specify the amount of said revenues to be retained and the quantity of services to be provided by CONTRACTOR. Fees received from private resources on behalf of Medi-Cal Celients shall not be eligible for retention by CONTRACTOR.
- C. BUDGET/STAFFING MODIFICATIONS CONTRACTOR may request to shift funds between programs, or between budgeted line items within a program, for the purpose of meeting specific program needs or for providing continuity of care to its consumers, by utilizing a Budget/Staffing Modification Request form provided by ADMINISTRATOR. CONTRACTOR shall submit a properly completed Budget/Staffing Modification Request to ADMINISTRATOR for consideration, in advance, which will include a justification narrative specifying the purpose of the request, the amount of said funds to be shifted, and the sustaining annual impact of the shift as may be applicable to the current contract period and/or future contract periods. CONTRACTOR shall obtain written approval of any Budget/Staffing Modification Request(s) from ADMINISTRATOR prior to implementation by CONTRACTOR. Failure of CONTRACTOR to obtain written approval from ADMINISTRATOR for any proposed Budget/Staffing Modification Request(s) may result in disallowance of those costs.
- D. FINANCIAL RECORDS CONTRACTOR shall prepare and maintain accurate and complete financial records of its cost and operating expenses. Such records will reflect the actual cost of the type of service for which payment is claimed. Any apportionment of or distribution of costs, including indirect costs, to or between programs or cost centers of CONTRACTOR shall be documented, and will be made in accordance with generally accepted principles of accounting, and Medicare regulations. The client eligibility determination and fee charged to and collected from clients, together with a record of all billings invoices rendered and revenues received from any source, on behalf of clients treated pursuant to this Agreement, must be reflected in CONTRACTOR's financial records.

8 9 10

11 12 13

14

15 16

17 18 19

20 21 22

23 24 25 26

27 28 29

30 31 32

33 34 35

36

37

E. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify subparagraph II. above the Budget Paragraph of this Exhibit A to the Agreement.

III. PAYMENTS

- A. COUNTY shall pay CONTRACTOR monthly, in arrears, at the provisional amount of \$41,667 per month. All payments are interim payments only, and subject to Final Settlement final settlement in accordance with the Cost Report Paragraph of the Agreement for which CONTRACTOR shall be reimbursed for the actual cost of providing the services, which may include Indirect Administrative Costs, as identified in Paragraph II.A. of this Exhibit A; provided, however, the total of such payments does not exceed COUNTY's Total Maximum Obligation as stated in the Referenced Contract Provisions of the Agreement and, provided further, CONTRACTOR's costs are reimbursable pursuant to county COUNTY, state, and/or federal regulations. ADMINISTRATOR may, at its discretion, pay supplemental billingsinvoices for any month for which the provisional amount specified above has not been fully paid.
- 1. In support of the monthly billing invoice, CONTRACTOR shall submit an Expenditure and Revenue Report as specified in the Reports Paragraph of this Exhibit A to the Agreement. ADMINISTRATOR shall use the Expenditure and Revenue Report to determine payment to CONTRACTOR as specified in <u>SS</u>ubparagraphs A.2. and A.3. below.
- 2. If, at any time, CONTRACTOR'S's Expenditure and Revenue Reports indicate that the provisional amount payments exceed the actual cost of providing services, ADMINISTRATOR may reduce COUNTY payments to CONTRACTOR by an amount not to exceed the difference between the year-to-date provisional amount payments to CONTRACTOR and the year-to-date actual cost incurred or by CONTRACTOR.
- 3. If, at any time, CONTRACTOR'Ss Expenditure and Revenue Reports indicate that the provisional amount payments are less than the actual cost of providing services, ADMINISTRATOR may authorize an increase in the provisional amount payment to CONTRACTOR by an amount not to exceed the difference between the year-to-date provisional amount payments to CONTRACTOR and the year-to-date actual cost incurred billed by CONTRACTOR.
- B. CONTRACTOR'S billing CONTRACTOR's invoice shall be on a form approved or supplied by COUNTY and provide such information as is required by ADMINISTRATOR. Billings Invoices are due the tenth (10th) business day of each the month and payments. Invoices received after the due date may not be paid within the same month. Payments to CONTRACTOR should be released by COUNTY no later than twenty-one (21) calendar days after receipt of the correctly completed billing invoice form.
- C. All billings invoices to COUNTY shall be supported, at CONTRACTOR'S's facility, by source documentation including, but not limited to, ledgers, journals, time sheets, invoices, bank statements, cancelled checks, receipts, receiving records, records of services provided.
 - D. ADMINISTRATOR may withhold or delay any payment if CONTRACTOR fails to comply

X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX

with any provision of thise Agreement.

- E. COUNTY shall not reimburse CONTRACTOR for services provided beyond the expiration and/or termination of thise Agreement, except as may otherwise be provided under thise Agreement, or specifically agreed upon in a subsequent Agreement.
- F. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify Subparagraph III. above the Payments Paragraph of this Exhibit A to the Agreement.

IV. SERVICES

A. FACILITIES

1. CONTRACTOR shall maintain a minimum of one (1) facility which meets the COUNTY's requirements for the provision of Mental Health Mentoring Services for Children, Transitional Age Youth (TAY), TAY, and their parent(s)/guardian(s) at the following location or any other location approved by ADMINISTRATOR:

790 Town & Country Road Orange, CA 92868

2. The facility shall:

- a. Have accessible parking for consumers, including spaces for persons with disabilities.
- b. Be located in a location that is readily accessible by public transportation and accessible to persons with disabilities.
- 3. CONTRACTOR shall maintain a holiday schedule consistent with COUNTY's holiday schedule, unless otherwise approved, in writing, by ADMINISTRATOR. However, CONTRACTOR is encouraged to provide the aforementioned services on holidays, whenever possible.
- 4. CONTRACTOR shall maintain regularly scheduled service hours, five days a week throughout the year and maintain the capability to provide services during after-school hours on weekdays and on weekends, if necessary, in order to accommodate Colients.
- B. INDIVIDUALS TO BE SERVED CONTRACTOR shall provide the services hereunder to clients, between the ages of birth (0) and twenty-five (25), until 26th birthday, and their families, who have been referred or approved by ADMINISTRATOR. Services to clients shall be individualized and delivered in the language preferred by the client.

C. MENTORING SERVICES

X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX

1. CONTRACTOR shall deliver Mental Health Mentoring Services to Serious Emotionally Disturbed (SED) and Seriously Mentally III (SMI) Celients and their parent(s)/guardian(s) who are receiving mental health services in the county COUNTY or contract operated mental health programs.

- 2. CONTRACTOR shall accept requests for mentoring services from therapists providing mental health services in the <u>countyCOUNTY</u> or contract operated programs including, but not limited to, <u>Cc</u>lients meeting the following criteria:
 - a. Orange County COUNTY residents;
- b. dDisplaying behaviors or a history indicative of SED as defined by the California Welfare and Institutions Code WIC 5000.3;
 - c. **Experiencing** significant familial conflict;
 - d. at At risk of hospitalization and/or out-of-home placement or homelessness;
 - e. <u>U</u>nserved or underserved because of linguistic or cultural isolation; and
- f. Clients with intensive short-term support needs but could be returned to their families or independent living situation from inpatient or out-of-home care.
- 3. CONTRACTOR shall be responsible for the recruitment of all mentors and volunteers used in the program.
- a. Recruitment efforts shall include, but not be limited to, recruiting from the corporate, professional, educational and faith-based community organizations in Orange County COUNTY, as well as other neighborhood and cultural groups that represent the local demographics. Recruitment efforts shall take into consideration the principles outlined in the MHSA and shall include those who are bilingual in threshold languages, former recipients of behavioral health services, and/or family members of those who have received behavioral health services.
- b. CONTRACTOR shall develop, implement, and maintain a "strength-based" recruitment process. This pro-active recruitment process will ensure a sufficient and diverse pool of mentors to meet the needs of the ethnic and linguistic makeup Clients being served in Orange County COUNTY.
- 4. CONTRACTOR shall be responsible for the provision of all screening requirements for program staff, mentors and volunteers. This shall include, but not be limited to: sanction screening through the Office of Inspector General (OIG), Live Scan, and the Department of Motor Vehicles Pull report.
- 5. CONTRACTOR shall develop and implement a training curriculum for program staff, mentors and volunteers as well as provide instruction and referral materials for service providers from county COUNTY and contracted programs that make mentor requests.
- a. CONTRACTOR's training program shall utilize standards and principles that are considered "best practices" by nationally known mentoring organizations, such as the MENTOR/National Mentoring Partnership, an organization widely acknowledged as the nation's premier advocate and resource for the expansion of mentoring initiatives.
- b. CONTRACTOR's training program shall include, but not be limited to: addressing issues of Eclient safety, maintaining appropriate ethical boundaries, conflict resolution, and maintaining confidentiality of Eclient information.

X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX

9

10

14

18

19

20 21 22

24 25 26

23

29 30

27

33 34

32

28 31

35

- 6. CONTRACTOR shall use "best practices" to ensure mentors and mentees are matched in a manner that leads to the safest and most effective relationship possible.
- a. The screening process for the match shall include, but not be limited to: formal and informal interviews, personal profiles, comparative interest inventories, and get-acquainted sessions.
- b. CONTRACTOR shall also consider ethnicity, culture, language capability and age during the matching process as it relates to the mentees' needs.
- c. Once the match has been established, mentors and mentees are to meet regularly based upon frequency and duration mutually agreed upon by all interested parties. Parent(s)/guardian(s) shall be involved in the mentor arrangements made for Cclient(s). Mentoring frequency for Cclients may vary between two (2) and five (5) hours per week, depending upon the needs of the mentee.
- d. The mentoring duration shall be a minimum of six (6) months, however, a mentoring duration of one (1) year can be recommended due to the enhanced bonding that may occur in longerlasting relationships.
- e. For mentors working with a Cclient's "parent/guardian," the frequency may vary between four (4) and eight (8) hours per month. The duration of the parent/guardian mentoring relationship shall be determined on an individual basis and needs of $\mathbf{C}_{\mathbf{C}}$ lient and the parent/guardian.
- f. CONTRACTOR shall ensure mentors maintain ongoing contact with the mental health service provider, so pertinent changes in mentee's circumstances can be communicated between the mentor and the mental health service provider. This will also allow input from the mental health service provider regarding the mentoring relationship.
- 7. CONTRACTOR shall work closely with county COUNTY or contracted programs when a request for a mentor is made. CONTRACTOR shall not refuse therapists' requests for mentors if CONTRACTOR has available space and appropriate staffing to provide mentors, unless otherwise approved by ADMINISTRATOR.
- 8. CONTRACTOR shall ensure that the program staff promotes the benefits of mentoring to the community at large. In addition, CONTRACTOR shall ensure that any resources offered by community agencies and/or individuals from the community as a result of that mentoring promotion is used for the direct benefit of the mentees (e.g., donated tickets to community events).
- 9. CONTRACTOR shall develop procedures that monitor quality assurance, provide outcome measures of Eclient satisfaction, and measure overall program performance in order to meet national standards of mentoring performance outcomes.
- 10. CONTRACTOR shall maintain an accurate and regularly updated mentor program webpage(s) to serve as an information source and mentor recruitment tool. The page(s) shall include an online application process allowing interested volunteers to apply to become a mentor as this is a best practice model.
- D. CLIENT RECORDS CONTRACTOR shall maintain adequate records on each individual client which shall include diagnostic studies, records of client interviews, progress notes, and records of

1	service provided by various personnel in sufficient detail to permit an evaluation of services.
2	CONTRACTOR shall use COUNTY charting procedures regarding the use of forms and organization of
3	documentation in the clients' records.
4	1. COUNTY ADMINISTRATOR may provide CONTRACTOR with copies of relevant
5	database information which may include psychiatric and psychosocial histories, community functioning
6	evaluations, coordination plans, service plans, medication records, and progress notes.
7	2. CONTRACTOR shall retain a complete and true copy of any client record created by
8	CONTRACTOR.
9	3. CONTRACTOR shall be responsible to respond to any records request pursuant to laws
10	governing these records.
11	E. CONTRACTOR shall attend meetings as requested by COUNTY including but not limited to:
12	1. Case conferences, as requested by County staff.
13	2. Monthly COUNTY management meetings with CYS Program staff and
14	ADMINISTRATOR to discuss contractual and other issues related to, but not limited to whether it is or
15	is not progressing satisfactorily in achieving all the terms of this Agreement, and if not, what steps will
16	be taken to achieve satisfactory progress, compliance with policies and procedures, review of statistics
17	and services;
18	3. Clinical staff training for individuals conducted by CONTRACTOR and/or COUNTY
19	administrative staff.
19 20	administrative staff. 4. Quarterly QIC meetings.
20	4. Quarterly QIC meetings.
20 21	4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to
20 21 22	4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY clients without obtaining prior written authorization from
20 21 22 23	——————————————————————————————————————
20 21 22 23 24	 4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY clients without obtaining prior written authorization from ADMINISTRATOR. G. CONTRACTOR shall develop all requested and required program specific policies and procedures, and provide to ADMINISTRATOR for review, input, and approval prior to training staff on said policies and procedures and prior to accepting any client admissions to the program. All policies
20 21 22 23 24 25	 4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY clients without obtaining prior written authorization from ADMINISTRATOR. G. CONTRACTOR shall develop all requested and required program specific policies and procedures, and provide to ADMINISTRATOR for review, input, and approval prior to training staff on
20 21 22 23 24 25 26	4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY clients without obtaining prior written authorization from ADMINISTRATOR. —G. CONTRACTOR shall develop all requested and required program specific policies and procedures, and provide to ADMINISTRATOR for review, input, and approval prior to training staff on said policies and procedures and prior to accepting any client admissions to the program. All policies and procedures and program guidelines will be reviewed bi-annually at a minimum for updates. Policies will include, but not limited to, the following:
220 221 222 23 224 225 226 227	 4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY clients without obtaining prior written authorization from ADMINISTRATOR. G. CONTRACTOR shall develop all requested and required program specific policies and procedures, and provide to ADMINISTRATOR for review, input, and approval prior to training staff on said policies and procedures and prior to accepting any client admissions to the program. All policies and procedures and program guidelines will be reviewed bi-annually at a minimum for updates. Policies
20 21 22 23 24 25 26 27 28	4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY clients without obtaining prior written authorization from ADMINISTRATOR. —G. CONTRACTOR shall develop all requested and required program specific policies and procedures, and provide to ADMINISTRATOR for review, input, and approval prior to training staff on said policies and procedures and prior to accepting any client admissions to the program. All policies and procedures and program guidelines will be reviewed bi-annually at a minimum for updates. Policies will include, but not limited to, the following:
20 21 22 23 24 25 26 27 28 29	4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY clients without obtaining prior written authorization from ADMINISTRATOR. —G. CONTRACTOR shall develop all requested and required program specific policies and procedures, and provide to ADMINISTRATOR for review, input, and approval prior to training staff on said policies and procedures and prior to accepting any client admissions to the program. All policies and procedures and program guidelines will be reviewed bi-annually at a minimum for updates. Policies will include, but not limited to, the following: 1. Quality Management/Performance Outcomes
220 221 222 223 224 225 226 227 228 229 330	4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY clients without obtaining prior written authorization from ADMINISTRATOR. —G. CONTRACTOR shall develop all requested and required program specific policies and procedures, and provide to ADMINISTRATOR for review, input, and approval prior to training staff on said policies and procedures and prior to accepting any client admissions to the program. All policies and procedures and program guidelines will be reviewed bi-annually at a minimum for updates. Policies will include, but not limited to, the following: 1. Quality Management/Performance Outcomes 2. Personnel/In-service Training
20 21 22 23 24 25 26 27 28 29 30 31	4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY clients without obtaining prior written authorization from ADMINISTRATOR. —G. CONTRACTOR shall develop all requested and required program specific policies and procedures, and provide to ADMINISTRATOR for review, input, and approval prior to training staff on said policies and procedures and prior to accepting any client admissions to the program. All policies and procedures and program guidelines will be reviewed bi-annually at a minimum for updates. Policies will include, but not limited to, the following: 1. Quality Management/Performance Outcomes 2. Personnel/In-service Training 3. Code of Conduct/Compliance
20 21 22 23 24 25 26 27 28 29 30 31	4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY clients without obtaining prior written authorization from ADMINISTRATOR. —G. CONTRACTOR shall develop all requested and required program specific policies and procedures, and provide to ADMINISTRATOR for review, input, and approval prior to training staff on said policies and procedures and prior to accepting any client admissions to the program. All policies and procedures and program guidelines will be reviewed bi-annually at a minimum for updates. Policies will include, but not limited to, the following: 1. Quality Management/Performance Outcomes 2. Personnel/In-service Training 3. Code of Conduct/Compliance 4. Mandated Reporting
20 21 22 23 24 25 26 27 28 29 30 31 32	4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY clients without obtaining prior written authorization from ADMINISTRATOR. G. CONTRACTOR shall develop all requested and required program specific policies and procedures, and provide to ADMINISTRATOR for review, input, and approval prior to training staff on said policies and procedures and prior to accepting any client admissions to the program. All policies and procedures and program guidelines will be reviewed bi annually at a minimum for updates. Policies will include, but not limited to, the following:
20 21 22 23 24 25 26 27 28 29 30 31 32 33	4. Quarterly QIC meetings. F. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY clients without obtaining prior written authorization from ADMINISTRATOR. G. CONTRACTOR shall develop all requested and required program specific policies and procedures, and provide to ADMINISTRATOR for review, input, and approval prior to training staff on said policies and procedures and prior to accepting any client admissions to the program. All policies and procedures and program guidelines will be reviewed bi annually at a minimum for updates. Policies will include, but not limited to, the following: 1. Quality Management/Performance Outcomes 2. Personnel/In service Training 3. Code of Conduct/Compliance 4. Mandated Reporting H. CONTRACTOR shall provide initial and on-going training and staff development that includes but is not limited to the following:

 Measures as required by state and/or COUNTY.—The expected outcomes for the Monitoring Plan are to enable Clients to adaptively function at a higher and more appropriate level and to provide a quantifiable and repeatable measure to assess overall program effectiveness. The CONTRACTOR will cooperate in data collection in order to develop baseline figures for future evaluation and report performance in terms of Client satisfaction, length of stay and duration of services.

J. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify Subparagraph IV. above the Services Paragraph of this Exhibit A to the Agreement.

V. STAFFING

A. CONTRACTOR shall establish a written Code of Conduct as prescribed in Paragraph III of this Agreement. This code shall include, but not be limited to, standards related to the use of drugs and/or alcohol; staff-client relationships; prohibition of sexual contact with clients; and conflict of interest. Prior to providing any services pursuant to this Agreement, all members of the Board of Directors, employees, volunteers, and interns will agree in writing to maintain the standards set forth in the Code of Conduct.

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

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

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

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

E. CONTRACTOR shall, at a minimum, provide the following staffing pattern expressed in Full—Time Equivalents (FTEs) continuously throughout the term of thise Agreement. One (1) FTE will be equal to an average of forty (40) hours work per week.

X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX

1		EVDE	
2	A DAMBHOTTO A TUNK	<u>FTEs</u>	
3	ADMINISTRATIVE	0.10	
4	Chief Executive Officer	0.10	
5	Chief Financial Officer	<u>0.10</u>	
6	Manager of Administrative Operations	0.10	
7	Human Resource Manager	<u>0.10</u>	0.20
8	Accountant	0.10	
9	Administrative Assistants SUBTOTAL	0.15	<u>0.</u> 50
10			
11	SUBCONTRACTORS		
12	— Accounting Services		0.03
13	— Human Resources Services		<u>0.02</u>
14	SUBTOTAL SUBCONTRACTORS FTEs		0.05
15			
16	TOTAL ADMINISTRATIVE FTEs	0.65	0.55
17			
18	PROGRAM		
19	Program Director	1.00	
20	Mentor Coordinators	3.00	
21	Program Assistant	1.00	
22	Parent Mentor	0.50	
23	TAY Mentors	2.50	
24	Youth Mentor	<u> </u>	
25	— Administrative Assistant		1.00
26	TOTAL PROGRAM FTEs	8.50	
27			
28	GRAND TOTAL FTEs	9.15	9.05
29			

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

HG. WORKLOAD STANDARDS – CONTRACTOR shall maintain target a total of one hundred and ten (110) Clients sixty (160) clients; in which sixty six (66) Clients ninety-five (95) clients shall be children and their parent(s)/guardian(s), and the other forty-four (44) Clients sixty-five (65) clients shall be Transitional Age Youth TAY and their parent(s)/guardian(s).

X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX

30 31

32

33

34

35

36

- H. CONTRACTOR shall recruit, hire, train, and maintain staff that are persons in recovery, and/or family members of persons in recovery. These individuals shall not be currently receiving services directly from CONTRACTOR. Documentation may include, but not be limited to, the following: records attesting to efforts made in recruitment and hiring practices and identification of measures taken to enhance accessibility for potential staff in these categories.
- I. CONTRACTOR shall provide initial and on-going training and staff development that includes but is not limited to the following:
 - 1. Orientation to the program's goals, P&Ps
 - 2. Training on subjects as required by state regulations
- J. CONTRACTOR may augment the above paid staff with volunteers or interns upon written approval of ADMINISTRATOR.
- 1. CONTRACTOR shall meet minimum requirements for supervision of each student intern as required by the state Licensing Board and/or school program descriptions or work contracts.
- 2. CONTRACTOR shall provide a minimum of two (2) hours per week supervision to each student intern providing mental health services and one (1) hour of supervision for each ten (10) hours of treatment for student interns providing substance abuse services. CONTRACTOR shall provide supervision to volunteers as specified in the respective job descriptions or work contracts.
- 3. A student intern is a person enrolled in an accredited graduate program accumulating clinically supervised work experience hours as part of field work, internship, or practicum requirements. Acceptable graduate programs include all programs that assist the student in meeting the educational requirements in becoming a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker MFT, a LCSW, or a Licensed Clinical Psychologist.
- 4. Student intern services shall not comprise more than twenty percent (20%) of total services provided.
- K. CONTRACTOR shall submit a staff vacancy report to ADMINISTRATOR within five (5) business days following the termination, resignation, or notice of resignation of any clinical employee. The report shall include the employee's name, position title, date of resignation, and a description of the recruitment activity to replace the employee.
- L. CONTRACTOR shall provide training to service staff covering suicide assessment and crisis intervention or indications of suicidal risk (depending on scope of practice), developing safety plans, maintaining healthy boundaries, reporting child abuse, dealing with difficult clients, meeting facilitation and medication, confidentiality, identification of strengths, promoting life skills, and such other topics identified by the COUNTY. Formal training sessions may also be used to cover these topics but cannot substitute for weekly supervision hours.
- M. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify Subparagraph Vthe Staffing Paragraph of this Exhibit A to the Agreement.

VI. <u>REPORTS</u>REPORTS

X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX

A. CONTRACTOR shall maintain records and make statistical reports as required by ADMINISTRATOR and the California State Department of Mental Health DHCS on forms provided by either agency.

B. FISCAL

- 1. CONTRACTOR shall submit monthly Expenditure and Revenue Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will report actual costs and revenues for CONTRACTOR's program described in the Services paragraph of this Exhibit A to thise Agreement. Such reports will also include actual productivity as defined by ADMINISTRATOR. The reports will be received by ADMINISTRATOR no later than the twentieth (20th) day following the end of the month being reported. CONTRACTOR must request in writing any extensions to the due date of the monthly required reports. If an extension is approved by ADMINISTRATOR, the total extension will not exceed more than five (5) calendar days.
- 2. CONTRACTOR shall submit monthly Year-End Projection Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will report anticipated year-end actual costs and revenues for CONTRACTOR's program described in the Services praragraph of this Exhibit A to theis Agreement. Such reports will include actual monthly costs and revenue to date and anticipated monthly costs and revenue to the end of the fiscal year. Year-End Projection Reports will be submitted in conjunction with the Monthly Expenditure and Revenue Reports.
- C. STAFFING CONTRACTOR shall submit monthly Staffing Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will, at a minimum, report the actual FTEs of the positions stipulated in the Staffing subperargraph of this Exhibit A to the Agreement and will include the employees' names, licensure status, monthly salary, hire and/or termination date and any other pertinent information as may be required by ADMINISTRATOR. The reports will be received by ADMINISTRATOR no later than twenty (20) calendar days following the end of the month being reported.
- D. PROGRAMMATIC CONTRACTOR shall submit monthly programmatic reports to ADMINISTRATOR, on a form acceptable to or provided by ADMINISTRATOR, which shall be received by ADMINISTRATOR no later than twenty (20) calendar days following the end of the month/quarter being reported, unless otherwise specified. Programmatic reports shall include a description of CONTRACTOR's progress in implementing the provisions of theis Agreement, report of placement and movement of Colients along the continuum of services using guidelines for monthly report of the number of participants, voluntary and involuntary hospitalizations, special incidences, vocational programs, educational programs, direct service hours by staff, chart compliance, number of contacts per member, number of referrals and Colients discharged from the program, in addition to any pertinent facts or interim findings, staff changes, status of licenses and/or certifications, changes in

1]	[]
2	
3	-
4]
5	1
5 6 7 8	
7	
8]
9	
10	i
11	
12	3
13	2
14	-
15	1
16	
17	
18	ŀ
19	
20	1
21	1
22	
23	1
24	
25	
26	-
27	1
28 29	1
30	1
31	
32	-
32	

population served and reasons for any such changes. CONTRACTOR shall state whether it is or is not progressing satisfactorily in achieving all the terms of thise Agreement.

E. PERFORMANCE OUTCOMES—COUNTY shall develop and provide CONTRACTOR with performance outcome measure guidelines for the purpose of evaluating the impact and/or contribution of CONTRACTOR's services on the well-being of Orange County residents being served under the terms of this Agreement.

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

GF. CONTRACTOR shall advise ADMINISTRATOR of any special incidents, conditions, or issues that adversely affect the quality or accessibility of client related services provided by, or under contract with, the COUNTY as identified in the Health Care Agency's Policy and Procedures.

— H. CONTRACTOR—and ADMINISTRATOR may mutually agree, in writing, to modify subparagraph VI. above the Reports Paragraph of this Exhibit A to the Agreement.

VII. RESPONSIBILITIES

CONTRACTOR and ADMINISTRATOR RESPONSIBILITIES

X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX

- A. CONTRACTOR shall ensure that all staff are is trained and have a clear understanding of all Policies and Procedures (P&P)s. CONTRACTOR shall provide signature confirmation of the P&P training for each staff member and placed place it in their personnel files.
- B. CONTRACTOR shall ensure that all new clinical and supervisory staff completes the County's COUNTY's New Provider Training.
- C. CONTRACTOR shall ensure that all staff completes the County's COUNTY's Annual Provider Training and Annual Compliance Training.
- D. COUNTY shall provide, or cause to be provided, training and ongoing consultation to CONTRACTOR's staff to assist CONTRACTOR in ensuring compliance with Health Care Agency (HCA) Standards of Care practices, policies and procedures, documentation standards and any state regulatory requirements.
- ED. CONTRACTOR shall agree to adopt and comply with the written Quality Improvement Implementation Plan and procedures provided by ADMINISTRATOR which describes the requirements for quality improvement, supervisory review, and monitoring.
- FE. CONTRACTOR shall agree to adopt and comply with the documentation standards as per the COUNTY's current HCA CYS-Annual Provider Training, DMHCS State Contract, Title IX, the State EPSDT Documentation Manual, the State TBS Documentation Manual, and Chapter 26.5 of the Government Code as provided by ADMINISTRATOR which describes, but is not limited to the requirements for AB3632 and Medi-Cal.

34

35

36

1	GE. CONTRACTOR shall maintain on file at the facility minutes and records of all quality
2	improvement meetings and processes. Such records and minutes shall also be subject to regular review
3	by ADMINISTRATOR in the manner specified in the Quality Improvement Implementation Plan and
4	Healthcare Agency (HCA) Children and Youth Services (CYS) Policies and Procedures
5	ADMINISTRATOR P&Ps.
6	HG. CONTRACTOR shall allow ADMINSTRATOR to attend, and if necessary conduct, QIC
7	and monitoring meetings.
8	H. CONTRACTOR shall participate in any clinical case review and implement any
9	recommendations made by COUNTY to improve Cclient care.
10	J. TOKENS - ADMINISTRATOR shall provide CONTRACTOR the necessary number of
11	Tokens for appropriate individual staff to access the HCA IRIS at no cost to the CONTRACTOR.
12	1. CONTRACTOR recognizes Tokens are assigned to a specific individual staff member with
13	a unique password. Tokens and passwords will 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 this Agreement;
21	b. Token of each staff member who no longer requires access to the HCA IRIS;
22	c. Token of each staff member who leaves employment of CONTRACTOR; or
23	d. Token is malfunctioning;
24	e. Termination of Agreement.
25	5. ADMINISTRATOR shall 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 the COUNTY for Tokens lost, stolen, or damaged through
28	acts of negligence.
29	——K. CONTRACTOR shall not conduct any proselytizing activities, regardless of funding sources,
30	with respect to any individual(s) who have been referred to CONTRACTOR by COUNTY under the
31	terms of this Agreement. Further, CONTRACTOR agrees that the funds provided hereunder will not be
32	used to promote, directly or indirectly, any religion, religious creed or cult, denomination or sectarian
33	institution, or religious belief.
34	LI. CONTRACTOR shall provide effective Administrative management of the budget, staffing.
35	recording, and reporting portion of the Agreement with the County of Orange, including but not limited
36	to the following. COUNTY. If administrative responsibilities are delegated to subcontractors, the
37	Contractor CONTRACTOR must ensure that any subcontractor(s) possess the qualifications and capacity

1	to perform all delegated responsibilities. These responsibilities include, but are not limited to, the
2	following:
3	1. Designate the responsible position(s) in your organization for managing the funds allocated
4	to this program;
5	2. Maximize the use of the allocated funds;
6	3. Ensure timely and accurate reporting of monthly expenditures;
7	4. Maintain appropriate staffing levels;
8	5. Request budget and/or staffing modifications to the Agreement;
9	6. Effectively communicate and monitor the program for its success;
10	7. Track and report expenditures electronically;
11	8. Maintain electronic and telephone communication between key staff and the Contract and
12	Program Administrators CONTRACTOR and ADMINISTRATOR; and
13	9. Act quickly to identify and solve problems.
14	K. CONTRACTOR shall document all adverse incidents affecting the physical and/or emotional
15	welfare of clients, including but not limited to serious physical harm to self or others, serious destruction
16	of property, developments, etc., and which may raise liability issues with COUNTY. CONTRACTOR
17	shall notify COUNTY within twenty-four (24) hours of any such serious adverse incident.
18	L. CONTRACTOR shall attend meetings as requested by ADMINISTRATOR including but not
19	limited to:
20	1. Case conferences, as requested by ADMINISTRATOR.
21	2. Monthly management meetings with ADMINISTRATOR to discuss contractual and other
22	issues related to, but not limited to whether it is or is not progressing satisfactorily in achieving all the
23	terms of the Agreement, and if not, what steps will be taken to achieve satisfactory progress, compliance
24	with P&Ps, review of statistics and services.
25	3. Clinical staff training for individuals conducted by CONTRACTOR and/or
26	ADMINISTRATOR.
27	4. Quarterly QIC meetings.
28	M. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to
29	conduct research activity on COUNTY clients without obtaining prior written authorization from
30	ADMINISTRATOR.
31	N. CONTRACTOR shall develop all requested and required program specific P&Ps, and provide
32	to ADMINISTRATOR for review, input, and approval prior to training staff on said P&Ps and prior to
33	accepting any client admissions to the program. All P&Ps and program guidelines will be reviewed
34	bi-annually at a minimum for updates. Policies will include, but not limited to, the following:
35	1. Quality Management/Performance Outcomes
36	2. Personnel/In-service Training
37	3. Code of Conduct/Compliance

2	O. PERFORMANCE OUTCOMES – ADMINISTRATOR shall develop and provide
3	CONTRACTOR with performance outcome measure guidelines for the purpose of evaluating the impact
4	and/or contribution of CONTRACTOR's services on the well-being of COUNTY residents being served
5	under the terms of the Agreement. CONTRACTOR will complete Performance Outcome Measures as
6	required by state and/or COUNTY. M. COUNTY shall assist CONTRACTOR in monitoring
7	CONTRACTOR's program to ensure compliance with workload standards and productivity.
8	N. COUNTY shall review client charts to assist CONTRACTOR in ensuring compliance with
9	HCA Policies and Procedures.
10	O. COUNTY shall review and approve all admissions, discharges from the program and extended
11	stays in the program.
12	P. COUNTY shall monitor CONTRACTOR's completion of corrective action plans.
13	The expected outcomes for the Monitoring Plan are to enable clients to adaptively function at a higher
14	and more appropriate level and to provide a quantifiable and repeatable measure to assess overall
15	program effectiveness. The CONTRACTOR will cooperate in data collection in order to develop
16	baseline figures for future evaluation and report performance in terms of client satisfaction, length of
17	stay and duration of services.
18	P. ADMINISTRATOR Q.—COUNTY shall monitor CONTRACTOR's compliance with
19	COUNTY Policies and Procedures.
20	R. COUNTY shall provide a written copy of all assessments completed on clients referred for
21	admission.
22	— S. COUNTY may designate a Contract Monitor an individual who shall:
23	1. Provide, or cause to be provided, training and ongoing consultation to CONTRACTOR'Ss
24	staff to assist CONTRACTOR in ensuring compliance with HCA CYS ADMINISTRATOR Standards of
25	Care practices, policies and procedures, DMHP&Ps, DHCS State Contract, documentation standards as
26	per the COUNTY's current HCA CYS Annual Provider Training, Title IX, the State EPSDT
27	Documentation Manual, the State TBS Documentation Manual, and Chapter 26.5 of the Government
28	Code which describes, but is not limited to the requirements for AB3632 and Medi-Cal.
29	2. Assist CONTRACTOR in monitoring CONTRACTOR'S program to ensure compliance
30	with workload standards and productivity.
31	3. Review Eclient charts to assist CONTRACTOR in ensuring compliance with HCA CYS
32	Policies and Procedures ADMINISTRATOR P&Ps.
33	 Reviews and approves all referrals of potential €clients to alternate services.
34	5. Reviews and approves all admissions, discharges from the program and extended stays in
35	the program.
36	T. COUNTY'SQ. ADMINISTRATOR's Central Quality Review and Training shall:
37	1. Make available, training to CONTRACTOR'Ss staff in HCA CYS ADMINISTRATOR
	25 of 26 22 EXHIBIT A

4. Mandated Reporting

develop and provide

charting procedures.

- 2. Conduct periodic reviews of Cclient charts to monitor CONTRACTOR's compliance with HCA CYS Policies and Procedures ADMINISTRATOR's P&Ps.
- 3. Monitor CONTRACTOR'S completion of corrective action plans filed in response to reviews.
- 4. Monitor CONTRACTOR'S degree of compliance with COUNTY Standards of Care and HCA CYS Policies and Procedures ADMINISTRATOR P&Ps.

<u>UR</u>.CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify subparagraph VII. above the Responsibilities Paragraph of this Exhibit A to the Agreement.

X:\ASR\BEHAVIORAL HEALTH\ASR-12-000212-MH MENTORING CHILD TAY-MHA OC-12-13-KL.DOCX