

~~JULY 1, 2019 THROUGH JUNE 30, 2020~~ JULY 1, 2020 THROUGH JUNE 30, 2021

THIS AGREEMENT entered into this 1st day of July 2019 (effective date), is by and between the COUNTY OF ORANGE, a political subdivision of State of California (COUNTY), and TELECARE CORPORATION, a California for profit corporation (CONTRACTOR). COUNTY and CONTRACTOR may sometimes be referred to herein individually as “Party” or collectively as “Parties.” This Agreement shall be administered by the Director of the COUNTY’s Health Care Agency or an authorized designee (“ADMINISTRATOR”).

**WITNESSETH:**

WHEREAS, COUNTY wishes to contract with CONTRACTOR for the provision of Adult Crisis Residential Services South Region described herein to the residents of Orange County; and

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

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

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**REFERENCED CONTRACT PROVISIONS**

**Term:** ~~July 1, 2019 through June 30, 2020~~

July 1, 2020 through June 30, 2021

**Maximum Obligation:** \$1,138,495

**Basis for Reimbursement:** Actual Cost

**Payment Method:** Monthly in Arrears

**CONTRACTOR DUNS Number:** 07-654-7363

**CONTRACTOR TAX ID Number:** 94-1735271

**Notices to COUNTY and CONTRACTOR:**

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

**CONTRACTOR:** Telecare Corporation  
1080 Marina Village Parkway, Suite 100  
Alameda, CA 94501  
Leslie Davis  
Senior Vice President, Chief Financial Officer  
ldavis@telecarecorp.com

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**I. ACRONYMS**

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

A. AB 109	Assembly Bill 109, 2011 Public Safety Realignment
B. AES	Advanced Encryption Standard
C. AIDS	Acquired Immune Deficiency Syndrome
D. ARRA	American Recovery and Reinvestment Act of 2009
E. ASAM PPC	American Society of Addiction Medicine Patient Placement Criteria
F. ASI	Addiction Severity Index
G. ASRS	Alcohol and Drug Programs Reporting System
H. BCP	Business Continuity Plan
I. BHS	Behavioral Health Services
J. CalOMS	California Outcomes Measurement System
K. CalWORKs	California Work Opportunity and Responsibility for Kids
L. CAP	Corrective Action Plan
M. CCC	California Civil Code
N. CCR	California Code of Regulations
O. CD/DVD	Compact Disc/Digital Video or Versatile Disc
P. CEO	County Executive Office
Q. CESI	Client Evaluation of Self at Intake
R. CEST	Client Evaluation of Self and Treatment
S. CFDA	Catalog of Federal Domestic Assistance
T. CFR	Code of Federal Regulations
U. CHPP	COUNTY HIPAA Policies and Procedures
V. CHS	Correctional Health Services
W. CIPA	California Information Practices Act
X. CMPPA	Computer Matching and Privacy Protection Act
Y. COI	Certificate of Insurance
Z. CPA	Certified Public Accountant
AA. CSW	Clinical Social Worker
AB. DHCS	California Department of Health Care Services
AC. D/MC	Drug/Medi-Cal
AD. DoD	US Department of Defense
AE. DPFS	Drug Program Fiscal Systems
AF. DRP	Disaster Recovery Plan
AG. DRS	Designated Record Set

1	AH. DSM	Diagnostic and Statistical Manual of Mental Disorders
2	AI. DSM-IV	Diagnostic and Statistical Manual of Mental Disorders. 4th Edition
3	AJ. DSM-V	Diagnostic and Statistical Manual of Mental Disorders. 5th Edition
4	AK. E-Mail	Electronic Mail
5	AL. EEOC	Equal Employment Opportunity Commission
6	AM. EHR	Electronic Health Records
7	AN. EOC	Equal Opportunity Clause
8	AO. ePHI	Electronic Protected Health Information
9	AP. EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
10	AQ. FFS	Fee For Service
11	AR. FIPS	Federal Information Processing Standards
12	AS. FSP	Full Service Partnership
13	AT. FTE	Full Time Equivalent
14	AU. GAAP	Generally Accepted Accounting Principles
15	AV. HCA	County of Orange Health Care Agency
16	AW. HHS	Federal Health and Human Services Agency
17	AX. HIPAA	Health Insurance Portability and Accountability Act of 1996, Public
18		Law 104-191
19	AY. HITECH Act	Health Information Technology for Economic and Clinical Health
20		Act, Public Law 111-005
21	AZ. HIV	Human Immunodeficiency Virus
22	AO. HSC	California Health and Safety Code
23	AI. ID	Identification
24	AJ. IEA	Information Exchange Agreement
25	AP. IRIS	Integrated Records and Information System
26	AL. ISO	Insurance Services Office
27	AQ. ITC	Indigent Trauma Care
28	AR. LCSW	Licensed Clinical Social Worker
29	AS. MAT	Medication Assisted Treatment
30	AT. MFT	Marriage and Family Therapist
31	AU. MH	Mental Health
32	AV. MHP	Mental Health Plan
33	AW. MHS	Mental Health Specialist
34	AX. MHSA	Mental Health Services Act
35	AZ. MSN	Medical Safety Net
36	BA. NIH	National Institutes of Health
37	BB. NIST	National Institute of Standards and Technology

1	BC. NPI	National Provider Identifier
2	BD. NPP	Notice of Privacy Practices
3	BE. NPPES	National Plan and Provider Enumeration System
4	BF. OCJS	Orange County Jail System
5	BG. OCPD	Orange County Probation Department
6	BH. OCR	Federal Office for Civil Rights
7	BI. OCSD	Orange County Sheriff's Department
8	BJ. OIG	Federal Office of Inspector General
9	BK. OMB	Federal Office of Management and Budget
10	BL. OPM	Federal Office of Personnel Management
11	BM. P&P	Policy and Procedure
12	BN. PA DSS	Payment Application Data Security Standard
13	BO. PATH	Projects for Assistance in Transition from Homelessness
14	BP. PC	California Penal Code
15	BQ. PCI DSS	Payment Card Industry Data Security Standards
16	BR. PCS	Post-Release Community Supervision
17	BS. PHI	Protected Health Information
18	BT. PI	Personal Information
19	BU. PII	Personally Identifiable Information
20	BV. P&P	Policy and Procedure
21	BW. PRA	California Public Records Act
22	BX. PSC	Professional Services Contract System
23	BY. SAPTBG	Substance Abuse Prevention and Treatment Block Grant
24	BZ. SIR	Self-Insured Retention
25	CA. SMA	Statewide Maximum Allowable (rate)
26	CB. SOW	Scope of Work
27	CC. SUD	Substance Use Disorder
28	CD. UMDAP	Uniform Method of Determining Ability to Pay
29	CE. UOS	Units of Service
30	CF. USC	United States Code
31	CG. WIC	Women, Infants and Children

## **II. ALTERATION OF TERMS**

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

B. Unless otherwise expressly stated in this Agreement, no addition to, or alteration of the terms of

1 this Agreement or any Exhibits, whether written or verbal, made by the parties, their officers, employees  
 2 or agents shall be valid unless made in the form of a written amendment to this Agreement, which has  
 3 been formally approved and executed by both parties.

### 4 5 **III. ASSIGNMENT OF DEBTS**

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

### 13 14 **IV. COMPLIANCE**

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

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

21 2. CONTRACTOR has the option to provide ADMINISTRATOR with proof of its own  
 22 compliance program, code of conduct and any compliance related policies and procedures.  
 23 CONTRACTOR's compliance program, code of conduct and any related policies and procedures shall  
 24 be verified by ADMINISTRATOR's Compliance Department to ensure they include all required  
 25 elements by ADMINISTRATOR's Compliance Officer as described in this Compliance Paragraph to  
 26 this Agreement. These elements include:

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

34 3. If CONTRACTOR does not provide proof of its own compliance program to  
 35 ADMINISTRATOR, CONTRACTOR shall internally comply with ADMINISTRATOR's Compliance  
 36 Program and Code of Conduct, the CONTRACTOR shall submit to the ADMINISTRATOR within  
 37 thirty (30) calendar days of execution of this Agreement a signed acknowledgement that



1 CONTRACTOR will internally comply with ADMINISTRATOR's Compliance Program and Code of  
 2 Conduct. CONTRACTOR shall have as many Covered Individuals it determines necessary complete  
 3 ADMINISTRATOR's annual compliance training to ensure proper compliance.

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

16 5. Upon written confirmation from ADMINISTRATOR's compliance officer that the  
 17 CONTRACTOR's compliance program, code of conduct and any compliance related policies and  
 18 procedures contain all required elements, CONTRACTOR shall ensure that all Covered Individuals  
 19 relative to this Agreement are made aware of CONTRACTOR's compliance program, code of conduct,  
 20 related policies and procedures and contact information for the ADMINISTRATOR's Compliance  
 21 Program.

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

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

36 1. For purposes of this Compliance Paragraph, Covered Individuals includes all employees,  
 37 interns, volunteers, contractors, subcontractors, agents, and other persons who provide health care items

1 or services or who perform billing or coding functions on behalf of ADMINISTRATOR.  
 2 CONTRACTOR shall ensure that all Covered Individuals relative to this Agreement are made aware of  
 3 ADMINISTRATOR's Compliance Program, Code of Conduct and related policies and procedures (or  
 4 CONTRACTOR's own compliance program, code of conduct and related policies and procedures if  
 5 CONTRACTOR has elected to use its own).

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

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

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

21 5. Covered Individuals shall be required to disclose to CONTRACTOR immediately any  
 22 debarment, exclusion or other event that makes the Covered Individual an Ineligible Person.  
 23 CONTRACTOR shall notify ADMINISTRATOR immediately if a Covered Individual providing  
 24 services directly relative to this Agreement becomes debarred, excluded or otherwise becomes an  
 25 Ineligible Person.

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

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

1 overpayment is verified by ADMINISTRATOR.

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

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

8 //

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

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

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

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

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

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

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

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

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

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

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

34 1. CONTRACTOR shall take reasonable precaution to ensure that the coding of health care  
35 claims, billings and/or invoices for same are prepared and submitted in an accurate and timely manner  
36 and are consistent with federal, state and county laws and regulations. This includes compliance with  
37 federal and state health care program regulations and procedures or instructions otherwise

1 communicated by regulatory agencies including the Centers for Medicare and Medicaid Services or  
2 their agents.

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

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

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

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

13 6. CONTRACTOR shall meet the HCA MHP Quality Management Program Standards and  
14 participate in the quality improvement activities developed in the implementation of the Quality  
15 Management Program.

16 7. CONTRACTOR shall comply with the provisions of the ADMINISTRATOR's Cultural  
17 Competency Plan submitted and approved by the state. ADMINISTRATOR shall update the Cultural  
18 Competency Plan and submit the updates to the State for review and approval annually. (CCR, Title 9,  
19 §1810.410.subds.(c)-(d).

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

## 26 27 **V. CONFIDENTIALITY**

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

31 1. CONTRACTOR acknowledges and agrees that all persons served pursuant to this  
32 Agreement are Clients of the Orange County Mental Health services system, and therefore it may be  
33 necessary for authorized staff of ADMINISTRATOR to audit Client files, or to exchange information  
34 regarding specific Clients with COUNTY or other providers of related services contracting with  
35 COUNTY.

36 2. CONTRACTOR acknowledges and agrees that it shall be responsible for obtaining written  
37 consents for the release of information from all persons served by CONTRACTOR pursuant to this

1 Agreement. Such consents shall be obtained by CONTRACTOR in accordance with CCC, Division 1,  
2 Part 2.6, relating to confidentiality of medical information.

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

6 B. Prior to providing any services pursuant to this Agreement, all members of the Board of  
7 Directors or its designee or authorized agent, employees, consultants, subcontractors, volunteers and  
8 interns of the CONTRACTOR shall agree, in writing, with CONTRACTOR to maintain the  
9 confidentiality of any and all information and records which may be obtained in the course of providing  
10 such services. This Agreement shall specify that it is effective irrespective of all subsequent  
11 resignations or terminations of CONTRACTOR members of the Board of Directors or its designee or  
12 authorized agent, employees, consultants, subcontractors, volunteers and interns.

#### 13 14 **VI. CONFLICT OF INTEREST**

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

#### 23 24 **VII. COST REPORT**

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

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

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

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

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

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

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

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

36 D. If the individual and/or consolidated Cost Report indicates the actual and reimbursable costs of  
37 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 and/or consolidated Cost Report. If such reimbursement is not made by CONTRACTOR within thirty (30) calendar days after submission of the individual and/or consolidated 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.

E. If the individual and/or consolidated 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.

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

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

Signed \_\_\_\_\_  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_"

#### **VIII. DEBARMENT AND SUSPENSION CERTIFICATION**

A. CONTRACTOR certifies that it and its principals:

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

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

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

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

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

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

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

#### **IX. DELEGATION, ASSIGNMENT AND SUBCONTRACTS**

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

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

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

2. If CONTRACTOR is a for-profit organization, any change in the business structure, including but not limited to, the sale or transfer of more than ten 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 Board of Directors or any governing body of CONTRACTOR at one time shall be deemed an assignment pursuant to this paragraph. Any attempted assignment or delegation in derogation of this subparagraph shall be void.

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

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

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

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

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

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

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

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

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

1 services provided by consultants.

2 D. CONTRACTOR shall notify COUNTY in writing of any change in the CONTRACTOR's  
3 status with respect to name changes that do not require an assignment of the Agreement.  
4 CONTRACTOR is also obligated to notify COUNTY in writing if the CONTRACTOR becomes a party  
5 to any litigation against COUNTY, or a party to litigation that may reasonably affect the  
6 CONTRACTOR's performance under the Contract, as well as any potential conflicts of interest between  
7 CONTRACTOR and County that may arise prior to or during the period of Agreement performance.  
8 While CONTRACTOR will be required to provide this information without prompting from COUNTY  
9 any time there is a change in CONTRACTOR's name, conflict of interest or litigation status,  
10 CONTRACTOR must also provide an update to COUNTY of its status in these areas whenever  
11 requested by COUNTY.

## 12 **X. DISPUTE RESOLUTION**

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

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

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

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

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

35 D. This Agreement has been negotiated and executed in the State of California and shall be  
36 governed by and construed under the laws of the State of California. In the event of any legal action to  
37 enforce or interpret this Agreement, the sole and exclusive venue shall be a court of competent

jurisdiction located in Orange County, California, and the Parties hereto agree to and do hereby submit to the jurisdiction of such court, notwithstanding Code of Civil Procedure Section 394. Furthermore, the Parties specifically agree to waive any and all rights to request that an action be transferred for adjudication to another county.

## **XI. EMPLOYEE ELIGIBILITY VERIFICATION**

CONTRACTOR attests that it shall fully comply with all federal and state statutes and regulations regarding the employment of aliens and others and to ensure that employees, subcontractors, and consultants performing work under this Agreement meet the citizenship or alien status requirements set forth in federal statutes and regulations. CONTRACTOR shall obtain, from all employees, subcontractors, and consultants performing work hereunder, all verification and other documentation of employment eligibility status required by federal or state statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, 8 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.

## **XII. EQUIPMENT**

A. Unless otherwise specified in writing by ADMINISTRATOR, Equipment is defined as all property of a 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 (1) year or longer. Equipment which costs \$5,000 or over, including freight charges, sales taxes, and other taxes, and installation costs are defined as Capital Assets. Equipment which costs between \$600 and \$5,000, including freight charges, sales taxes and other taxes, and installation costs, or electronic equipment that costs less than \$600 but may contain PHI or PII, are defined as Controlled Equipment. Controlled Equipment includes, but is not limited to phones, tablets, 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 GAAP.

B. CONTRACTOR shall obtain ADMINISTRATOR's written approval prior to purchase of 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 the approved Equipment purchased by CONTRACTOR. To "expense," in relation to Equipment, means to charge the proportionate cost of Equipment in the fiscal year in which it

1 is purchased. Title of expensed Equipment shall be vested with COUNTY.

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

7 //

8 //

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

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

16 G. Unless this Agreement is followed without interruption by another agreement between the  
17 Parties for substantially the same type and scope of services, at the termination of this Agreement for  
18 any cause, CONTRACTOR shall return to COUNTY all Equipment purchased with funds paid through  
19 this Agreement.

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

### 22 **XIII. FACILITIES, PAYMENTS AND SERVICES**

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

29 B. In the event that CONTRACTOR is unable to provide the services, staffing, facilities, or  
30 supplies as required, ADMINISTRATOR may, at its sole discretion, reduce the Maximum Obligation.  
31 The reduction to the Maximum Obligation shall be in an amount proportionate to the number of days in  
32 which CONTRACTOR was determined to be unable to provide services, staffing, facilities or supplies.

### 34 **XIV. INDEMNIFICATION AND INSURANCE**

35 A. CONTRACTOR agrees to indemnify, defend with counsel approved in writing by COUNTY,  
36 and hold COUNTY, its elected and appointed officials, officers, employees, agents and those special  
37 districts and agencies for which COUNTY's Board of Supervisors acts as the governing Board

1 (“COUNTY INDEMNITEES”) harmless from any claims, demands or liability of any kind or nature,  
 2 including but not limited to personal injury or property damage, arising from or related to the services,  
 3 products or other performance provided by CONTRACTOR pursuant to this Agreement. If judgment is  
 4 entered against CONTRACTOR and COUNTY by a court of competent jurisdiction because of the  
 5 concurrent active negligence of COUNTY or COUNTY INDEMNITEES, CONTRACTOR and  
 6 COUNTY agree that liability will be apportioned as determined by the court. Neither Party shall  
 7 request a jury apportionment.

8 //

9 B. COUNTY agrees to indemnify, defend and hold CONTRACTOR, its officers, employees,  
 10 agents, directors, members, shareholders and/or affiliates harmless from any claims, demands, including  
 11 defense costs, or liability of any kind or nature, including but not limited to personal injury or property  
 12 damage, arising from or related to the services, products or other performance provided by COUNTY  
 13 pursuant to this Agreement. If judgment is entered against COUNTY and CONTRACTOR by a court  
 14 of competent jurisdiction because of the concurrent active negligence of CONTRACTOR, COUNTY  
 15 and CONTRACTOR agree that liability will be apportioned as determined by the court. Neither party  
 16 shall request a jury apportionment.

17 C. Each party agrees to provide the indemnifying party with written notification of any claim  
 18 related to services provided by either party pursuant to this Agreement within thirty (30) calendar days  
 19 of notice thereof, and in the event the indemnifying party is subsequently named party to the litigation,  
 20 each party shall cooperate with the indemnifying party in its defense.

21 D. Prior to the provision of services under this Agreement, CONTRACTOR agrees to purchase all  
 22 required insurance at CONTRACTOR’s expense, including all endorsements required herein, necessary  
 23 to satisfy COUNTY that the insurance provisions of this Agreement have been complied with.  
 24 CONTRACTOR agrees to keep such insurance coverage, Certificates of Insurance, and endorsements  
 25 on deposit with COUNTY during the entire term of this Agreement. In addition, all subcontractors  
 26 performing work on behalf of CONTRACTOR pursuant to this Agreement shall obtain insurance  
 27 subject to the same terms and conditions as set forth herein for CONTRACTOR.

28 E. Without limiting CONTRACTOR’s indemnification, CONTRACTOR warrants that it is  
 29 self-insured or shall maintain in force at all times during the term of this Agreement, the policy or  
 30 policies of insurance covering its operations placed with reputable insurance companies in amounts as  
 31 specified in the Referenced Contract Provisions of this Agreement. Upon request by  
 32 ADMINISTRATOR, CONTRACTOR shall provide evidence of such insurance.

33 F. CONTRACTOR shall ensure that all subcontractors performing work on behalf of  
 34 CONTRACTOR pursuant to this Agreement shall be covered under CONTRACTOR’s insurance as an  
 35 Additional Insured or maintain insurance subject to the same terms and conditions as set forth herein for  
 36 CONTRACTOR. CONTRACTOR shall not allow subcontractors to work if subcontractors have less  
 37 than the level of coverage required by COUNTY from CONTRACTOR under this Agreement. It is the

obligation of CONTRACTOR to provide notice of the insurance requirements to every subcontractor and to receive proof of insurance prior to allowing any subcontractor to begin work. Such proof of insurance must be maintained by CONTRACTOR through the entirety of this Agreement for inspection by COUNTY representative(s) at any reasonable time.

G. All SIRs shall be clearly stated on the COI. Any SIR in an amount in excess of fifty thousand dollars (\$50,000) shall specifically be approved by the CEO/Office of Risk Management upon review of CONTRACTOR's current audited financial report. If CONTRACTOR's SIR is approved,  
//

CONTRACTOR, in addition to, and without limitation of, any other indemnity provision(s) in this Agreement, agrees to all of the following:

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

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

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

H. If CONTRACTOR fails to maintain insurance acceptable to the COUNTY for the full term of this Agreement, the COUNTY may terminate this Agreement.

#### I. QUALIFIED INSURER

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

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

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

#### Coverage

Commercial General Liability

#### Minimum Limits

\$1,000,000 per occurrence

\$2,000,000 aggregate

Automobile Liability including coverage for owned, non-owned and hired vehicles (4 passengers or less)	\$1,000,000 per occurrence
Passenger vehicles (7 passengers or less)	\$2,000,000 per occurrence
Passenger vehicles (8 passengers or more)	\$5,000,000 per occurrence
Workers' Compensation	Statutory
Employers' Liability Insurance	\$1,000,000 per occurrence
Network Security & Privacy Liability	\$1,000,000 per claims made
Professional Liability Insurance	\$1,000,000 per claims made \$1,000,000 aggregate
Sexual Misconduct Liability	\$1,000,000 per occurrence

#### K. REQUIRED COVERAGE FORMS

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

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

#### L. REQUIRED ENDORSEMENTS

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

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

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

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

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

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

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

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

8 //

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

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

17 Q. If CONTRACTOR's Professional Liability and Network Security & Privacy Liability are  
18 "Claims Made" policies, CONTRACTOR shall agree to maintain coverage for two (2) years following  
19 the completion of the Agreement.

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

22 S. Insurance certificates should be forwarded to the agency/department address listed on the  
23 solicitation.

24 T. If the CONTRACTOR fails to provide the insurance certificates and endorsements within seven  
25 (7) days of notification by CEO/Purchasing or the agency/department purchasing division, award may  
26 be made to the next qualified vendor.

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

31 V. COUNTY shall notify CONTRACTOR in writing of changes in the insurance requirements. If  
32 CONTRACTOR does not deposit copies of acceptable Certificate of Insurance and endorsements with  
33 COUNTY incorporating such changes within thirty (30) calendar days of receipt of such notice, this  
34 Agreement may be in breach without further notice to CONTRACTOR, and COUNTY shall be entitled  
35 to all legal remedies.

36 W. The procuring of such required policy or policies of insurance shall not be construed to limit  
37 CONTRACTOR's liability hereunder nor to fulfill the indemnification provisions and requirements of



1 this Agreement, nor act in any way to reduce the policy coverage and limits available from the insurer.

2 **X. SUBMISSION OF INSURANCE DOCUMENTS**

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

8 //

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

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

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

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

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

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

27  
 28 **XV. INSPECTIONS AND AUDITS**

29 A. ADMINISTRATOR, any authorized representative of COUNTY, any authorized representative  
 30 of the State of California, the Secretary of the United States Department of Health and Human Services,  
 31 the Comptroller General of the United States, or any other of their authorized representatives, shall to  
 32 the extent permissible under applicable law have access to any books, documents, and records, including  
 33 but not limited to, financial statements, general ledgers, relevant accounting systems, medical and Client  
 34 records, of CONTRACTOR that are directly pertinent to this Agreement, for the purpose of responding  
 35 to a beneficiary complaint or conducting an audit, review, evaluation, or examination, or making  
 36 transcripts during the periods of retention set forth in the Records Management and Maintenance  
 37 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 CAP 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 retain a licensed certified public accountant, who will prepare and file with ADMINISTRATOR, an annual, independent, organization-wide audit of related expenditures as may be required 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.

### **XVI. LICENSES AND LAWS**

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

#### B. ENFORCEMENT OF CHILD SUPPORT OBLIGATIONS

1. CONTRACTOR certifies it is in full compliance with all applicable federal and State

reporting requirements regarding its employees and with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignments and will continue to be in compliance throughout the term of the Agreement with the County of Orange. Failure to comply shall constitute a material breach of the Agreement and failure to cure such breach within sixty (60) calendar days of notice from the COUNTY shall constitute grounds for termination of the Agreement.

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

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

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

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.

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

1. ARRA of 2009.
2. Trafficking Victims Protection Act of 2000.
3. WIC, Division 5, Community Mental Health Services.
4. WIC, Division 6, Admissions and Judicial Commitments.
5. WIC, Division 7, Mental Institutions.
6. HSC, §§1250 et seq., Health Facilities.
7. PC, §§11164-11174.3, Child Abuse and Neglect Reporting Act.
8. CCR, Title 9, Rehabilitative and Developmental Services.
9. CCR, Title 17, Public Health.
10. CCR, Title 22, Social Security.
11. CFR, Title 42, Public Health.
12. CFR, Title 45, Public Welfare.
13. USC Title 42, Public Health and Welfare.
14. Federal Social Security Act, Title XVIII and Title XIX Medicare and Medicaid.
15. 42 USC §12101 et seq., Americans with Disabilities Act of 1990.
16. 42 USC §1857, et seq., Clean Air Act.
17. 33 USC 84, §308 and §§1251 et seq., the Federal Water Pollution Control Act.
18. 31 USC 7501.70, Federal Single Audit Act of 1984.

1 19. Policies and procedures set forth in Mental Health Services Act.

2 20. Policies and procedures set forth in DHCS Letters.

3 21. HIPAA privacy rule, as it may exist now, or be hereafter amended, and if applicable.

4 22. 31 USC 7501 – 7507, as well as its implementing regulations under 2 CFR Part 200,  
5 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

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

9 E. CONTRACTOR shall make every reasonable effort to obtain appropriate licenses and/or  
10 waivers to provide Medi-Cal billable treatment services at school or other sites requested by  
11 ADMINISTRATOR.

### 12 **XVII. LITERATURE, ADVERTISEMENTS AND SOCIAL MEDIA**

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

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

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

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

### 33 **XVIII. MAXIMUM OBLIGATION**

34 A. The Maximum Obligation of COUNTY for services provided in accordance with this  
35 Agreement is as specified in the Referenced Contract Provisions of this Agreement, except as allowed  
36  
37

for in Subparagraph B. below

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

### **XIX. MINIMUM WAGE LAWS**

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

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

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

### **XX. NONDISCRIMINATION**

#### **A. EMPLOYMENT**

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

2. CONTRACTOR and its Covered Individuals shall not discriminate against employees or applicants for employment 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.

3. CONTRACTOR shall not discriminate between employees with spouses and employees

1 with domestic partners, or discriminate between domestic partners and spouses of those employees, in  
2 the provision of benefits.

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

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

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

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

- 30 1. Denying a Client or potential Client any service, benefit, or accommodation.
- 31 2. Providing any service or benefit to a Client which is different or is provided in a different  
32 manner or at a different time from that provided to other Clients.
- 33 3. Restricting a Client in any way in the enjoyment of any advantage or privilege enjoyed by  
34 others receiving any service and/or benefit.
- 35 4. Treating a Client differently from others in satisfying any admission requirement or  
36 condition, or eligibility requirement or condition, which individuals must meet in order to be provided  
37 any service and/or benefit.

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

C. COMPLAINT PROCESS – CONTRACTOR shall establish procedures for advising all Clients through a written statement that CONTRACTOR's and/or subcontractor's Clients may file all complaints alleging discrimination in the delivery of services with CONTRACTOR, subcontractor, and ADMINISTRATOR.

1. Whenever possible, problems shall be resolved 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.

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

b. Throughout the problem resolution and grievance process, Client rights shall be maintained, including access to the COUNTY's Patients' Rights Office at any point in the process. Clients shall be informed of their right to access the COUNTY's Patients' Rights Office at any time.

2. 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, has the right to request a State Fair Hearing.

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

E. RETALIATION – Neither CONTRACTOR nor subcontractor, 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.

F. 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 or subcontractor may be declared ineligible for further contracts involving federal, state or COUNTY funds.

## **XXI. NOTICES**

A. Unless otherwise specified, all notices, claims, correspondence, reports and/or statements

1 authorized or required by this Agreement shall be effective:

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

5 2. When faxed, transmission confirmed;

6 3. When sent by E-Mail; or

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

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

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

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

## 19 20 **XXII. NOTIFICATION OF DEATH**

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

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

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

### 29 **2. WRITTEN NOTIFICATION**

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

33 b. TERMINAL ILLNESS – CONTRACTOR shall notify ADMINISTRATOR by written  
34 report hand delivered, faxed, sent via encrypted E-Mail, within forty-eight (48) hours of becoming  
35 aware of the death due to terminal illness of any person served pursuant to this Agreement.

36 c. When notification via encrypted E-Mail is not possible or practical CONTRACTOR  
37 may hand deliver or fax to a known number said notification.



C. If there are any questions regarding the cause of death of any person served pursuant to this Agreement 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 this Notification of Death Paragraph.

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### **XXIII. NOTIFICATION OF PUBLIC EVENTS AND MEETINGS**

A. CONTRACTOR shall notify ADMINISTRATOR of any public event or meeting funded in whole or in 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 the public event or meeting. Any promotional materials or event related flyers must be approved by ADMINISTRATOR prior to distribution.

### **XXIV. PATIENT'S RIGHTS**

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

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

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

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

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

D. No provision of this Agreement shall be construed as to replacing or conflicting with the duties

of County Patients' Rights Office pursuant to Welfare and Institutions Code Section 5500.

### **XXV. PAYMENT CARD COMPLIANCE**

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

### **XXVI. 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.

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

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

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

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

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

1 and implement written record management procedures.

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

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

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

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

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

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

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

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

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

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

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

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

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

37 K. CONTRACTOR may be required to pay any costs associated with a Breach of privacy and/or

1 security of PII and/or PHI, including but not limited to the costs of notification. CONTRACTOR shall  
 2 pay any and all such costs arising out of a Breach of privacy and/or security of PII and/or PHI.

### 4 **XXVII. RESEARCH AND PUBLICATION**

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

8 //

### 9 **XXVIII. REVENUE**

10 A. CLIENT FEES – CONTRACTOR shall charge, unless waived by ADMINISTRATOR, a fee to  
 11 Clients to whom billable services, other than those amounts reimbursed by Medicare, Medi-Cal or other  
 12 third party health plans, are provided pursuant to this Agreement, their estates and responsible relatives,  
 13 according to their ability to pay as determined by the State Department of Health Care Services’  
 14 “Uniform Method of Determining Ability to Pay” procedure or by any other payment procedure as  
 15 approved in advance, and in writing by ADMINISTRATOR; and in accordance with Title 9 of the CCR.  
 16 Such fee shall not exceed the actual cost of services provided. No Client shall be denied services  
 17 because of an inability to pay.

18 B. THIRD-PARTY REVENUE – CONTRACTOR shall make every reasonable effort to obtain all  
 19 available third-party reimbursement for which persons served pursuant to this Agreement may be  
 20 eligible. Charges to insurance carriers shall be on the basis of CONTRACTOR’s usual and customary  
 21 charges.

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

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

### 31 **XXIX. SEVERABILITY**

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

### **XXX. 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. CONTRACTOR shall file all certifications and reports in compliance with this requirement pursuant to Title 31, USC, §1352 (e.g., limitation on use of appropriated funds to influence certain federal contracting and financial transactions).
3. Fundraising.
4. Purchase of gifts, meals, entertainment, awards, or other personal expenses for CONTRACTOR's staff, volunteers, interns, consultants, subcontractors, and members of the Board of Directors or governing body.
5. Reimbursement of CONTRACTOR's members of the Board of Directors or governing body for expenses or services.
6. Making personal loans to CONTRACTOR's staff, volunteers, interns, consultants, subcontractors, and members of the Board of Directors or governing body, or its designee or authorized agent, or making salary advances or giving bonuses to CONTRACTOR's staff.
7. 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 OPM. The OPM Executive Salary Schedule may be found at [www.opm.gov](http://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.
10. Supplanting current funding for existing services.

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. Funding travel or training (excluding mileage or parking).
2. Making phone calls outside of the local area unless documented to be directly for the purpose of Client care.
3. Payment for grant writing, consultants, certified public accounting, or legal services.
4. 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.
5. Purchasing or improving land, including constructing or permanently improving any building or facility, except for tenant improvements.
6. Providing inpatient hospital services or purchasing major medical equipment.
7. Satisfying any expenditure of non-federal funds as a condition for the receipt of federal funds (matching).
8. Purchase of gifts, meals, entertainment, awards, or other personal expenses for

1 CONTRACTOR's Clients.

2  
3 **XXXI. STATUS OF CONTRACTOR**

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

15  
16 **XXXII. TERM**

17 A. The term of this Agreement shall commence as specified in the Referenced Contract Provisions  
18 of this Agreement or the execution date, whichever is later. This Agreement shall terminate as specified  
19 in the Referenced Contract Provisions of this Agreement unless otherwise sooner terminated as provided  
20 in this Agreement. CONTRACTOR shall be obligated to perform such duties as would normally extend  
21 beyond this term, including but not limited to, obligations with respect to confidentiality,  
22 indemnification, audits, reporting, and accounting.

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

25  
26 **XXXIII. TERMINATION**

27 A. Either Party may terminate this Agreement, without cause, upon ninety (90) calendar days'  
28 written notice given the other Party.

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

35 C. Unless otherwise specified in this Agreement, COUNTY may terminate this Agreement upon  
36 five (5) calendar days' written notice if CONTRACTOR fails to perform any of the terms of this  
37 Agreement. At ADMINISTRATOR's sole discretion, CONTRACTOR may be allowed up to thirty

1 (30) calendar days for corrective action.

2 D. COUNTY may terminate this Agreement immediately, upon written notice, on the occurrence  
3 of any of the following events:

- 4 1. The loss by CONTRACTOR of legal capacity.
- 5 2. Cessation of services.
- 6 3. The delegation or assignment of CONTRACTOR's services, operation or administration to  
7 another entity without the prior written consent of COUNTY.

8 //

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

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

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

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

#### 19 E. CONTINGENT FUNDING

- 20 1. Any obligation of COUNTY under this Agreement is contingent upon the following:
  - 21 a. The continued availability of federal, state and county funds for reimbursement of  
22 COUNTY's expenditures, and
  - 23 b. Inclusion of sufficient funding for the services hereunder in the applicable budget(s)  
24 approved by the Board of Supervisors.

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

29 F. In the event this Agreement is suspended or terminated prior to the completion of the term as  
30 specified in the Referenced Contract Provisions of this Agreement, ADMINISTRATOR may, at its  
31 sole discretion, reduce the Maximum Obligation of this Agreement in an amount consistent with the  
32 reduced term of the Agreement.

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

- 35 1. Comply with termination instructions provided by ADMINISTRATOR in a manner which  
36 is consistent with recognized standards of quality care and prudent business practice.
- 37 2. Obtain immediate clarification from ADMINISTRATOR of any unsettled issues of contract

1 performance during the remaining contract term.

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

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

7 5. Assist ADMINISTRATOR in effecting the transfer of Clients in a manner consistent with  
8 Client's best interests.

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

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

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

19 9. Provide written notice of termination of services to each Client being served under this  
20 Agreement, within fifteen (15) calendar days of receipt of termination notice. A copy of the notice of  
21 termination of services must also be provided to ADMINISTRATOR within the fifteen (15) calendars  
22 day period.

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

#### 25 26 **XXXIV. THIRD PARTY BENEFICIARY**

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

#### 30 31 **XXXV. WAIVER OF DEFAULT OR BREACH**

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

37 //



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

3  
4 TELECARE CORPORATION

5  
6  
7 BY: \_\_\_\_\_ DATED: \_\_\_\_\_

8  
9 TITLE: \_\_\_\_\_

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14 COUNTY OF ORANGE

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17 BY: \_\_\_\_\_ DATED: \_\_\_\_\_

18 HEALTH CARE AGENCY

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23 APPROVED AS TO FORM

24 OFFICE OF THE COUNTY COUNSEL

25 ORANGE COUNTY, CALIFORNIA

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28 BY: \_\_\_\_\_ DATED: \_\_\_\_\_

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

~~EXHIBIT A~~  
~~TO THE AGREEMENT FOR PROVISION OF~~  
~~ADULT CRISIS RESIDENTIAL SERVICES SOUTH REGION~~  
~~BETWEEN~~  
~~COUNTY OF ORANGE~~  
~~AND~~  
~~TELECARE CORPORATION~~  
~~JULY 1, 2019 THROUGH JUNE 30, 2020~~

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

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

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

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

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

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

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

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

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

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~~c. Emerging Practices means that the practice seems like a logical approach to addressing a specific behavior which is becoming distinct, recognizable among Consumers and clinicians in practice, or innovators in academia or policy makers; and at least one recognized expert, group of researchers or other credible individuals have endorsed the practice as worthy of attention based on outcomes; and finally, it produces specific outcomes.~~

~~6. Care Coordinator is a MHS, CSW, or MFT that provides mental health, crisis intervention and case management services to those Consumers who seek services in the COUNTY operated outpatient programs.~~

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

~~8. CAT means Crisis Assessment Team and provides twenty four (24) hour mobile response services to any adult who has a behavioral health emergency. This program assists law enforcement, social service agencies, and families in providing crisis intervention services for individuals who are in behavioral health crises. CAT is a multi-disciplinary program that conducts risk assessments, initiates involuntary hospitalizations as necessary, and provides case management, linkage and follow up services for individuals evaluated.~~

~~9. Certified Reviewer means an individual that obtains certification by completing all requirements set forth in the Quality Improvement and Program Compliance Reviewer Training Verification Sheet.~~

~~10. Client or Individual means an individual, referred by COUNTY or enrolled in CONTRACTOR's program for services under the Agreement, who is living with a serious and persistent mental illness.~~

~~11. Clinical Director means an individual who meets the minimum requirements set forth in Title 9, CCR, and has at least two (2) years of full time professional experience working in a mental health setting.~~

~~12. Crisis Stabilization Unit (CSU) means a behavioral health crisis stabilization program that operates twenty four (24) hours a day that serves Orange County residents, aged eighteen (18) and older, who are experiencing a behavioral health crisis that cannot wait until a regularly scheduled appointment. Crisis Stabilization services include psychiatric evaluations, nursing assessments, consultations with significant others and outpatient providers, individual and family education, crisis intervention services, counseling/therapy services provided by a Licensed Clinical Social Worker or Marriage Family Therapist, basic medical services, medication services, and referrals and linkages to the appropriate level of continuing care and community services, including Peer Mentoring services. As a~~

designated outpatient facility, the CSU may evaluate and treat individuals for no longer than twenty-three (23) hours and fifty-nine (59) minutes. The primary goal of the CSU is to help stabilize the crises and begin treating individuals in order to refer them to the most appropriate, least restrictive non-hospital setting when indicated or to facilitate admission to psychiatric inpatient units when the need for this level of care is present.

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

14. Data Collection System means software designed for collection, tracking and reporting outcomes data for Consumers enrolled in the FSP Programs.

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

b. Data Mining and Analysis Specialist means a person who is responsible for ensuring the program maintains a focus on outcomes, by reviewing outcomes, and analyzing data as well as working on strategies for gathering new data from the Consumers' perspective, which will improve understanding of Consumers' needs and desires towards furthering their Recovery. This individual will provide feedback to the program and work collaboratively with the employment specialist, education specialist, benefits specialist, and other staff in the program in strategizing improved outcomes in these areas. This position will be responsible for attending all data and outcome-related meetings and ensuring that the program is being proactive in all data collection requirements and changes at the local and state level.

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

d. KET means Key Event Tracking and refers to the tracking of a Consumer's 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 Consumer status in certain categories. These categories include residential status, employment status, education and benefits establishment.

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

15. Diagnosis means the definition of the nature of the Consumer's disorder. When formulating the Diagnosis of Consumer, CONTRACTOR shall use the diagnostic codes and axes as specified in the most current edition of the DSM published by the American Psychiatric Association. DSM diagnoses will be recorded on all IRIS documents, as appropriate.

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~~16. DSH means Direct Service Hours and refers to a measure in minutes that a clinician spends providing Consumer services. DSH credit is obtained for providing mental health, case management, medication support and a crisis intervention service to any Consumer open in IRIS, which includes both billable and non-billable services.~~

~~17. Engagement means the process by which a trusting relationship between worker and Consumer(s) is established with the goal to link the individual(s) to the appropriate services. Engagement of Consumer(s) is the objective of a successful Outreach.~~

~~18. Face to Face means an encounter between Consumer and provider where they are both physically present.~~

~~19. FSP~~

~~a. FSP means Full Service Partnership and refers to a type of program described by the State in the requirements for the COUNTY plan for use of MHSA funds and which includes Consumers being a full partner in the development and implementation of their treatment plan. A FSP is an evidence-based and strength-based model, with the focus on the individual rather than the disease. Multi-disciplinary teams will be established including the Consumer, Psychiatrist, and PSC. Whenever possible, these multi-disciplinary teams will include a mental health nurse, marriage and family therapist, clinical social worker, peer specialist, and family members. The ideal Consumer to staff ratio will be in the range of fifteen to twenty (15 – 20) to one (1), ensuring relationship building and intense service delivery. Services will include, but not be limited to, the following:~~

~~1) Crisis management;~~

~~2) Housing Services;~~

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

~~4) Community-based Wraparound Recovery Services;~~

~~5) Vocational and Educational services;~~

~~6) Job Coaching/Developing;~~

~~7) Consumer employment;~~

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

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

~~10) Transportation;~~

~~11) Illness education and self-management;~~

~~12) Medication Support;~~

~~13) Co-occurring Services;~~

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

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

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

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

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

~~20. Housing Specialist means a specialized position dedicated to developing the full array of housing options for their program and monitoring their suitability for the population served in accordance with the minimal housing standards policy set by the COUNTY for their program. This individual is also responsible for assisting Consumers with applications to low income housing, housing subsidies, senior housing, etc.~~

~~21. Individual Services and Support Funds — Flexible Funds means funds intended for use to provide individuals and/or their families with immediate assistance, as deemed necessary, for the treatment of their behavioral health disorder and their overall quality of life. Flexible Funds are generally categorized as housing, Consumer transportation, food, clothing, medical and miscellaneous expenditures that are individualized and appropriate to support Consumer's mental health treatment activities.~~

~~22. Intake means the initial meeting between a Consumer and CONTRACTOR's staff and includes an evaluation to determine if the Consumer meets program criteria and is willing to seek services.~~

~~23. Intern means an individual enrolled in an accredited graduate program accumulating clinically supervised work experience hours as part of fieldwork, internship, or practicum requirements. Acceptable graduate programs include all programs that assist the student in meeting the educational requirements in becoming a MFT, a licensed CSW, or a licensed Clinical Psychologist.~~

~~24. IRIS means Integrated Records Information System and refers to a collection of applications and databases that serve the needs of programs within the COUNTY and includes functionality such as registration and scheduling, laboratory information system, billing and reporting capabilities, compliance with regulatory requirements, electronic medical records and other relevant applications.~~

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~~25. Job Coach/Developer means a specialized position dedicated to cultivating and nurturing employment opportunities for the Consumers and matching the job to the Consumer's strengths, abilities, desires, and goals. This position will also integrate knowledge about career development and job preparation to ensure successful job retention and satisfaction of both employer and employee.~~

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

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

~~28. Mental Health Specialist means an individual who has a Bachelor's Degree and four years of experience in a mental health setting and who performs individual and group case management studies.~~

~~29. MFT means Marriage and Family Therapist and refers to an individual who meets the minimum professional and licensure requirements set forth in CCR, Title 9, Section 625.~~

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

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

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

~~c. Co-Occurring Integrated Treatment Model. In evidence-based Integrated Treatment programs, consumers receive combined treatment for behavioral health and substance use disorders from the same practitioner or treatment team.~~

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

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

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

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

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

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

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

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

~~34. NPI means National Provider Identifier and refers to the standard unique health identifier that was adopted by the Secretary of HHS under HIPAA 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.~~

~~35. NOA A means Notice of Action and refers to a Medi-Cal requirement that informs the beneficiary that he/she is not entitled to any specialty mental health service. The COUNTY has expanded the requirement for an NOA A to all individuals requesting an assessment for services and found not to meet the Medical Necessity criteria for specialty Mental Health Services.~~



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

4 ~~37. Outreach means the Outreach to potential Consumers to link them to appropriate Mental~~  
 5 ~~Health Services and may include activities that involve educating the community about the services~~  
 6 ~~offered and requirements for participation in the programs. Such activities should result in the~~  
 7 ~~CONTRACTOR developing their own Consumer referral sources for the programs they offer.~~

8 ~~38. Peer Recovery Specialist/Counselor means an individual who has been through the same or~~  
 9 ~~similar Recovery process as those he/she is now assisting to attain their Recovery goals while being paid~~  
 10 ~~for this function by the program. A peer Recovery specialist practice is informed by his/her own~~  
 11 ~~experience.~~

12 ~~39. PERT means Psychiatric Emergency Response Team and is a specialized unit designed to~~  
 13 ~~create a behavioral health and law enforcement response team. While the primary purpose of the~~  
 14 ~~partnership is to assist individuals in behavioral health crisis in accessing behavioral health services, the~~  
 15 ~~PERT team also educates police on behavioral health issues and provides them with the tools necessary~~  
 16 ~~to more effectively assist individuals in behavioral health crises. PERT provides a behavioral health~~  
 17 ~~trained clinician to ride along with a police officer in order to provide a prompt response and assessment~~  
 18 ~~to individuals in behavioral health crises and provide them with the appropriate care and linkages to~~  
 19 ~~other resources as required in a dignified manner.~~

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

29 ~~41. Pharmacy Benefits Manager means the organization that manages the medication benefits~~  
 30 ~~that are given to Consumers that qualify for medication benefits.~~

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

35 ~~43. Pre-Licensed Therapist means an individual who has obtained a Master's Degree in Social~~  
 36 ~~Work or Marriage and Family Therapy and is registered with the Board of Behavioral Sciences (BBS as~~

37 ~~#~~

1 ~~an Associate CSW or MFT Intern acquiring hours for licensing. An individual's registration is subject~~  
 2 ~~to regulations adopted by the BBS.~~

3 ~~44. Program Director means an individual who has complete responsibility for the day-to-day~~  
 4 ~~function of the program. The Program Director is the highest level of decision-making at a local,~~  
 5 ~~program level.~~

6 ~~45. Promotores de Salud Model means a model where trained individuals, Promotores, work~~  
 7 ~~towards improving the health of their communities by linking their neighbors to health care and social~~  
 8 ~~services, educating their peers about behavioral health disorders, disease and injury prevention.~~

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

14 ~~47. PHI means individually identifiable health information usually transmitted by electronic~~  
 15 ~~media, maintained in any medium as defined in the regulations, or for an entity such as a health plan,~~  
 16 ~~transmitted or maintained in any other medium. It is created or received by a covered entity and relates~~  
 17 ~~to the past, present, or future physical or mental health or condition of an individual, provision of health~~  
 18 ~~care to an individual, or the past, present, or future payment for health care provided to an individual.~~

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

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

23 ~~50. QIC means Quality Improvement Committee and refers to a committee that meets quarterly~~  
 24 ~~to review one percent (1%) of all "high risk" Medi-Cal Consumers to monitor and evaluate the quality~~  
 25 ~~and appropriateness of services provided. At a minimum, the committee is comprised of one (1)~~  
 26 ~~CONTRACTOR administrator, one (1) Clinician and one (1) Physician who are not involved in the~~  
 27 ~~clinical care of the cases.~~

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

31 ~~a. Health: Overcoming or managing one's disease(s) as well as living in a physically and~~  
 32 ~~emotionally healthy way;~~

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

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

36 ~~and~~

37 ~~#~~

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

~~\_\_\_\_\_ 52. Referral means providing the effective linkage of a Consumer to another service, when indicated, with follow-up to be provided within five (5) working days to assure that the Consumer has made contact with the referred service.~~

~~\_\_\_\_\_ 53. Supportive Housing PSC means a person who provides services in a supportive housing structure. This person will coordinate activities that will include, but not be limited to: independent living skills, social activities, supporting communal living, assisting residents with conflict resolution, advocacy, and linking Consumers with the assigned PSC for clinical issues. Supportive Housing PSC will consult with the multidisciplinary team of Consumers assigned by the program. The PSCs will be active in supporting and implementing a full service partnership philosophy and its individualized, strengths-based, culturally appropriate, and Consumer-centered approach.~~

~~\_\_\_\_\_ 54. Supervisory Review means ongoing clinical case reviews in accordance with procedures developed by ADMINISTRATOR, to determine the appropriateness of Diagnosis and treatment and to monitor compliance to the minimum ADMINISTRATOR and Medi Cal charting standards. Supervisory review is conducted by the program/clinic director or designee.~~

~~\_\_\_\_\_ 55. Token means the security device which allows an individual user to access the COUNTY's computer-based IRIS.~~

~~\_\_\_\_\_ 56. UMDAP means the Uniform Method of Determining Ability to Pay and refers to the method used for determining the annual Consumer liability for Mental Health Services received from the COUNTY mental health system and is set by the State of California.~~

~~\_\_\_\_\_ 57. Vocational/Educational Specialist means a person who provides services that range from pre-vocational groups, trainings and supports to obtain employment out in the community based on the Consumers' level of need and desired support. The Vocational/Educational Specialist will provide "one on one" vocational counseling and support to Consumers to ensure that their needs and goals are being met. The overall focus of Vocational/Educational Specialist is to empower Consumers and provide them with the knowledge and resources to achieve the highest level of vocational functioning possible.~~

~~\_\_\_\_\_ 58. WRAP means Wellness Recovery Action Plan and refers to a Consumer self help technique for monitoring and responding to symptoms to achieve the highest possible levels of wellness, stability, and quality of life.~~

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

## **II. BUDGET**

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

1	<del>RESIDENT DAY ADMINISTRATIVE COSTS</del>	
2	<del>—Indirect Costs</del>	<del>\$ 137,491</del>
3	<del>SUBTOTAL ADMINISTRATIVE COSTS</del>	<del>\$ 137,491</del>
4	<del>RESIDENT DAY PROGRAM COSTS</del>	
5	<del>—Salaries</del>	<del>\$ 622,642</del>
6	<del>—Benefits</del>	<del>113,230</del>
7	<del>—Services &amp; Supplies</del>	<del>180,736</del>
8	<del>SUBTOTAL PROGRAM COSTS</del>	<del>\$ 916,608</del>
9	<del>TOTAL RESIDENT DAY COSTS</del>	<del>\$ 1,054,099</del>
10	<del>MEDICATION SUPPORT ADMINISTRATIVE COSTS</del>	
11	<del>—Indirect Costs</del>	<del>\$ 11,008</del>
12	<del>SUBTOTAL ADMINISTRATIVE COSTS</del>	<del>\$ 11,008</del>
13	<del>MEDICATION SUPPORT PROGRAM COSTS</del>	
14	<del>—Subcontractor</del>	<del>\$ 73,388</del>
15	<del>SUBTOTAL PROGRAM COSTS</del>	<del>\$ 73,388</del>
16	<del>TOTAL MEDICATION SUPPORT COSTS</del>	<del>\$ 84,396</del>
17	<del>TOTAL GROSS COSTS</del>	<del>\$ 1,138,495</del>
18	<del>REVENUE</del>	
19	<del>—FFP Medi-Cal</del>	<del>\$ 281,937</del>
20	<del>—MHSA Medi-Cal</del>	<del>281,937</del>
21	<del>—MHSA</del>	<del>574,621</del>
22	<del>TOTAL REVENUE</del>	<del>\$ 1,138,495</del>
23	<del>MAXIMUM OBLIGATION</del>	<del>\$ 1,138,495</del>

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

~~— C. In the event CONTRACTOR collects fees and insurance, including Medicare, for services provided pursuant to the Agreement, CONTRACTOR may make written application to ADMINISTRATOR to retain such revenues; provided, however, the application must specify that the fees and insurance will 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 will 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 clients shall not be eligible for retention by CONTRACTOR.~~

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~~D. The parties agree that the above budget reflects an average Medi-Cal client case load of approximately ten percent (10%) to be maintained by CONTRACTOR. CONTRACTOR agrees to accept COUNTY referrals that may result in an increase in this average.~~

~~E. 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 members, 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.~~

~~F. 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 GAAP, and Medicare regulations. The client eligibility determination and fee charged to and collected from clients, together with a record of all billings rendered and revenues received from any source, on behalf of clients treated pursuant to the Agreement, must be reflected in CONTRACTOR's financial records.~~

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

### **III. PAYMENTS**

~~A. COUNTY shall pay CONTRACTOR monthly, in arrears, the provisional amount of \$94,875 per month. All payments are interim payments only and are subject to 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 Subparagraph II.A. of this Exhibit A to the Agreement; provided, however, the total of such payments does not exceed COUNTY's Maximum Obligation as specified in the Referenced Contract provisions of the Agreement and, provided further, CONTRACTOR's costs are reimbursable pursuant to COUNTY, State and/or Federal regulations. ADMINISTRATOR may, at its discretion, pay supplemental billings for any month for which the provisional amount specified above has not been fully paid.~~

~~1. In support of the monthly invoices, 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 Subparagraphs A.2. and A.3., below.~~

~~2. If, at any time, CONTRACTOR'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's and the year-to-date actual cost incurred by CONTRACTOR.~~

~~3. If, at any time, CONTRACTOR's 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 by CONTRACTOR.~~

~~B. CONTRACTOR's invoices shall be on a form approved or supplied by COUNTY and provide such information as is required by ADMINISTRATOR. Invoices are due the tenth (10th) calendar day of each month. 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 thirty (30) calendar days after receipt of the correctly completed invoice form.~~

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

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

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

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

#### IV. REPORTS

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

##### ~~B. FISCAL~~

~~1. CONTRACTOR shall submit monthly Expenditure and Revenue Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will report actual costs and revenues for CONTRACTOR's program described in the Services Paragraph of this Exhibit A to the Agreement. Such reports will also include total bed days, DSH and number of clients by program. The reports will be received by ADMINISTRATOR no~~

1 ~~later than the twentieth (20th) day following the end of the month being reported. CONTRACTOR~~  
 2 ~~must request in writing any extensions to the due date of the monthly required reports. If an extension~~  
 3 ~~is approved by ADMINISTRATOR, the total extension will not exceed more than five (5) calendar~~  
 4 ~~days.~~

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

12 ~~C. STAFFING CONTRACTOR shall submit monthly Staffing Reports to ADMINISTRATOR.~~  
 13 ~~These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will, at a~~  
 14 ~~minimum, report the actual FTEs of the positions stipulated in the Staffing Paragraph of this Exhibit A~~  
 15 ~~to the Agreement and will include the employees' names, licensure status, monthly salary, hire and/or~~  
 16 ~~termination date and any other pertinent information as may be required by ADMINISTRATOR. The~~  
 17 ~~reports will be received by ADMINISTRATOR no later than twenty (20) calendar days following the~~  
 18 ~~end of the month being reported. If an extension is approved by ADMINISTRATOR, the total~~  
 19 ~~extension will not exceed more than five (5) calendar days.~~

20 ~~D. PROGRAMMATIC~~

21 ~~1. CONTRACTOR shall submit programmatic reports to ADMINISTRATOR, as indicated~~  
 22 ~~below, on a form acceptable to or provided by ADMINISTRATOR, which will be received by~~  
 23 ~~ADMINISTRATOR no later than the twentieth (20th) calendar day following the end of the~~  
 24 ~~month/quarter being reported unless otherwise specified. Programmatic reports will include the~~  
 25 ~~following:~~

26 ~~a. On a daily basis, CONTRACTOR will report the daily census to the~~  
 27 ~~ADMINISTRATOR and ensure that ADMINISTRATOR has a current status of open beds at all times.~~

28 ~~b. On a monthly basis or as requested, CONTRACTOR shall report the following~~  
 29 ~~information to ADMINISTRATOR:~~

30 ~~1) current schedule of groups and activities;~~

31 ~~2) a description of chart compliance activities as well as the outcome of chart reviews;~~

32 ~~3) number of admissions;~~

33 ~~4) referral source upon admission;~~

34 ~~5) type of funding upon admission;~~

35 ~~6) average length of stay;~~

36 ~~7) number of admissions by funding (Medi-Cal, unfunded, etc.);~~

37 ~~8) average daily census;~~

~~9) number of discharges;~~  
~~10) type of residence on discharge (independent, home with family, Sober Living, etc.);~~  
~~11) voluntary and involuntary hospitalizations that occur during resident's stay or within forty-eight (48) hours of discharge;~~  
~~12) readmissions within forty-eight (48) hours and within fourteen (14) days of discharge;~~  
~~13) number of individual counseling sessions and duration of sessions per month;~~  
~~14) number of educational groups and the duration of each group type provided to residents per month;~~  
~~15) number of attendees to the groups per month;~~  
~~16) percentage of residents attending groups; and~~  
~~17) Description of CONTRACTOR's progress in implementing the provisions of this Agreement and provisions of the Corrective Action Plan (CAP) that was requested on January 9<sup>th</sup> 2019. CONTRACTOR shall state whether it is or is not progressing satisfactorily in achieving all the terms of this Agreement and the CAP, and if not, will specify what steps will be taken to achieve satisfactory progress.~~  
~~c. On a quarterly basis, CONTRACTOR shall report the Performance Outcome Objectives as outlined in Subparagraph IV.F. of this Exhibit A to the Agreement.~~  
~~2. ADMINISTRATOR and CONTRACTOR may mutually agree, in advance and in writing, to adjust the items to be included in the monthly programmatic reports based on the needs of the COUNTY, the residents, and a commitment to quality services.~~  
~~3. CONTRACTOR shall document all adverse incidents affecting the physical and/or emotional welfare of residents, including but not limited to serious physical harm to self or others, serious destruction of property, developments, etc., and which may raise liability issues with COUNTY. CONTRACTOR shall notify COUNTY and CCL within twenty four (24) hours of any such serious adverse incident.~~  
~~E. CONTRACTOR shall advise ADMINISTRATOR of any special incidents, conditions, or issues that adversely affect the quality or accessibility of resident related services provided by, or under contract with, the COUNTY as identified in ADMINISTRATOR's P&Ps.~~  
~~F. 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.~~  
~~G. CONTRACTOR shall provide effective Administrative management of the budget, staffing, recording, and reporting portion of the Agreement with the COUNTY. If administrative responsibilities are delegated to subcontractors, CONTRACTOR must ensure that any subcontractor(s) possess the~~  
~~#~~



1 ~~qualifications and capacity to perform all delegated responsibilities. These responsibilities include, but~~  
 2 ~~not limited to the 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 in a proactive manner 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; and~~

13 ~~9. Act quickly to identify, report and solve problems.~~

14 ~~H. CONTRACTOR agrees to enter psychometries into COUNTY's EHR system as requested by~~  
 15 ~~ADMINISTRATOR. Said psychometries are for the COUNTY's analytical uses only, and shall not be~~  
 16 ~~relied upon by CONTRACTOR to make clinical decisions. CONTRACTOR agrees to hold COUNTY~~  
 17 ~~harmless, and indemnify pursuant to Section XII, from any claims that arise from non-COUNTY use of~~  
 18 ~~said psychometries.~~

19 ~~I. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the~~  
 20 ~~Reports Paragraph of this Exhibit A to the Agreement.~~

## 21 V. SERVICES

### 22 A. FACILITIES

23 ~~1. CONTRACTOR shall maintain a facility(ies) for the provision of Adult Crisis Residential~~  
 24 ~~services described herein at the following location(s), or any other location approved, in advance, in~~  
 25 ~~writing, by ADMINISTRATOR. The facility(ies) shall include space to support the services identified~~  
 26 ~~within the Agreement.~~

27  
 28  
 29 25402 Pacifica Avenue

30 Mission Viejo, CA, 92691

31  
 32 ~~2. CONTRACTOR shall meet the standards of the applicable sections of:~~

33 ~~a. HSC Code 1520 et.seq;~~

34 ~~b. CCR, Title 22, Division 6, Chapter 2, Social Rehabilitation Facilities;~~  
 35 ~~Subchapter 1, Article 7;~~

36 ~~c. CCR, Title 9, Division 1, Chapter 3, Article 3.5 Standards for the Certification of~~  
 37 ~~Social Rehabilitation Programs;~~

~~d. WIC Division 5, Part 2, Chapter 2.5, Article 1, section 5670.5;~~

~~e. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 et seq., as implemented in 45 CFR 84.1 et seq.);~~

~~f. Americans with Disabilities Act of 1990 (42 U.S.C. 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.~~

~~2. The facility shall have a capacity of six (6) beds and include adequate physical space to support the services identified within the Agreement.~~

~~3. The facility shall be open for regular admissions between the hours of 8:00 a.m. and 8:00 p.m. Monday through Sunday, and will maintain the ability to accept an admission outside of these hours as may be required. Services to residents in this program will be provided on a twenty-four (24) hour, seven (7) day per week, three hundred sixty-five (365) day per year basis.~~

~~4. CONTRACTOR's holiday schedule shall be consistent with COUNTY's holiday schedule unless otherwise approved, in advance and in writing, by ADMINISTRATOR.~~

~~B. INDIVIDUALS TO BE SERVED CONTRACTOR shall provide short term crisis residential services to individuals referred by COUNTY. CONTRACTOR shall not provide walk-in evaluation and admission services unless mutually agreed upon, in writing, between CONTRACTOR and ADMINISTRATOR. ADMINISTRATOR will serve as the principal source to authorize admissions of individuals who meet the following criteria:~~

~~1. Adults between ages eighteen and fifty-nine (18 and 59) and individuals over sixty (60) years of age whose needs are compatible with those of other residents if they require the same level of care and supervision and all Community Care Licensing requirements can be met.;~~

~~2. COUNTY resident;~~

~~3. Diagnosed with a behavioral health disorder and who may have a co-occurring disorder;~~

~~4. In crisis and at the risk of hospitalization and could safely benefit from this level of care;~~  
~~and~~

~~5. Willing to participate fully and voluntarily in services.~~

~~C. ADULT CRISIS RESIDENTIAL PROGRAM The focus of the program will be person-centered, recovery focused and trauma informed approach that underscores the concept of personal responsibility. Short-term Crisis Residential Services will be provided to adults who are in behavioral health crises and may be at risk of psychiatric hospitalization. Individuals are referred from Adult and Older Adult Behavioral Health County or County-contracted behavioral health providers. The program operates twenty-four (24) hours a day, seven (7) days a week and emulates a home-like environment. Intensive psychosocial services are provided on an individual and group basis by mental health professionals, including therapy, crisis intervention, group education, assistance with self-administration of medications and case management. The focus is on recovery and intensive behavioral health treatment, management and discharge planning, linkage and reintegration into the community. The~~

~~average length of stay per client is fourteen (14) days. The program will support a social rehabilitation model, which is designed to enhance an individual's social connection with family or community so that they can move back into the community and prevent an inpatient stay. These services will be designed to assist the resident in being treated in the least restrictive, appropriate setting as possible. Services shall be delivered in the spirit of recovery, and tailored to the unique strengths of each individual resident. The program will offer an environment where residents are supported as they look at their own life experiences, set their own paths toward recovery, and work towards the fulfillment of their hopes and dreams. The residents are expected to participate fully in all program activities, including all individual sessions, groups, and recovery oriented outings.~~

~~1. CONTRACTOR shall operate the program in such a manner that meets or exceeds the following regulations:~~

~~a. HSC 1520 et seq;~~

~~b. CCR, Title 22, Division 6, Chapter 2 Social Rehabilitation Facilities;~~

~~c. CCR, Title 9, Division 1, Chapter 3, Article 3.5 Standards for the Certification of Social Rehabilitation Programs, Section 531-535; and~~

~~d. WIC Division 5, Part 2, Chapter 2.5, Article 1, section 5670, 5670.5 and 5671.~~

~~2. CONTRACTOR shall provide short term crisis residential program services as follows:~~

~~a. Admission Services:~~

~~1) CONTRACTOR shall admit individuals who have been determined to meet admission criteria and will have the resident sign an admission agreement describing the services to be provided, resident rights, and the expectations of the resident regarding house rules and involvement in all aspects of the program, including individual and group therapy sessions.~~

~~2) CONTRACTOR shall complete a thorough behavioral health assessment and psychiatric evaluation within twenty four (24) hours of admission.~~

~~3) During the initial seventy two (72) hours subsequent to admission, residents will be expected to remain on site at all times to ensure integration into the program. After this initial period, resident may be eligible for a day pass to an approved activity, usually an MD appointment or an appointment for housing, etc. Prior to the approved activity pass, the resident must be clinically evaluated an hour prior to departure and immediately upon returning to the facility. The resident must be clinically approved prior to leaving the facility. These clinical evaluations will be clearly documented in the individual's chart.~~

~~4) CONTRACTOR shall obtain or complete a medical history within three (3) days of admission.~~

~~5) CONTRACTOR shall be responsible for resident's TB testing upon admission if resident has not completed the test prior to admission to the program.~~

~~6) CONTRACTOR shall not refuse referrals if CONTRACTOR has available space and appropriate staffing, unless mutually agreed upon by CONTRACTOR and ADMINISTRATOR.~~

~~7) CONTRACTOR and resident will together develop a written treatment/service plan specifying goals and objectives, involving resident's family and support persons as appropriate, and as aligned with a recovery focused, person-centered and directed approach within seventy-two (72) hours of admission. CONTRACTOR shall involve the resident's family and support persons or document attempts to obtain consent until consent is obtained or the resident is discharged.~~

~~b. Therapeutic Services:~~

~~1) CONTRACTOR shall provide structured day and evening services seven (7) days a week which will include individual, group therapy, and community meetings amongst the residents and crisis residential staff.~~

~~2) CONTRACTOR shall provide group counseling sessions at least four (4) times daily to assist residents in developing skills that enable them to progress towards self-sufficiency and to reside in less intensive levels of care. Topics may include, but not be limited to: self-advocacy, personal identity, goal setting, developing hope, coping alternatives, conflict resolution, relationship management, proper nutrition, personal hygiene and grooming, household management, personal safety, symptom monitoring, etc. These groups will be clearly documented in the individual's chart. All therapeutic process groups will be facilitated by a licensed clinician.~~

~~3) CONTRACTOR shall provide individual therapeutic sessions provided by a licensed clinician at least one time a day to each resident and these sessions will be clearly documented in the chart.~~

~~4) CONTRACTOR shall support a culture of "recovery" which focuses on personal responsibility for a resident's behavioral health management and independence, and fosters resident empowerment, hope, and an expectation of recovery from mental illness. Activities and chores shall be encouraged and assigned to each resident on a daily basis to foster responsibility and learning of independent living skills. These chores will be followed up on by residential staff, in the spirit of learning, who will also assist the resident in learning the new skills and completing the chores as needed.~~

~~5) CONTRACTOR's program will be designed to enhance resident motivation to actively participate in the program, provide residents with intensive assistance in accessing community resources, and assist residents developing strategies to maintain independent living in the community and improve their overall quality of life. Therapeutic outings (to local museums, art galleries, nature centers, parks, coffee shops) will be provided for all residents in support of these goals.~~

~~6) CONTRACTOR shall assist the resident in developing and working on a WRAP throughout their stay at the program and will promote resident recovery on a daily basis via individual and/or group sessions. This will assist residents in monitoring and responding to their symptoms in order to achieve the highest possible level of wellness, stability and quality of life. Topics may include but not be limited to: building a wellness toolbox or resource list, symptom monitoring, triggers and early warning signs of symptoms, identifying a crisis plan, etc.~~

~~7) CONTRACTOR shall engage both the resident and family/support persons in the program whenever possible. CONTRACTOR shall document contact with family/support persons or document why such contact is not possible or not advisable.~~

~~8) CONTRACTOR shall support a Dual Disorders Integrated Treatment Model that is non-confrontational, follows behavioral principles, considers interactions between behavioral health disorders and substance abuse and has gradual expectations of abstinence. CONTRACTOR shall provide, on a regularly scheduled basis, education via individual and/or group sessions to residents on the effects of alcohol and other drug abuse, triggers, relapse prevention, and community recovery resources. Twelve (12) step groups and Smart Recovery groups will be encouraged at the facility on a regular basis.~~

~~9) CONTRACTOR shall support a culture that supports a nonsmoking environment in the facility and on the campus. CONTRACTOR shall provide educational groups regarding tobacco cessation and provide viable alternatives such as tobacco patches and other approved methods that support tobacco use reduction and cessation.~~

~~10) CONTRACTOR shall assist residents in developing prevocational and vocational plans to achieve gainful employment and/or perform volunteer work if identified as a goal in the service plan.~~

~~11) CONTRACTOR shall provide crisis intervention and crisis management services designed to enable the resident to cope with the crisis at hand while maintaining his/her functioning status within the community and to prevent further decompensation or hospitalization.~~

~~12) CONTRACTOR shall provide assessments for involuntary hospitalization when necessary. This service must be available twenty four (24) hours per day, seven (7) days per week.~~

~~13) CONTRACTOR will provide information, support, advocacy education, and assistance with including the resident's natural support system in treatment and services.~~

~~14) CONTRACTOR shall sustain a culture that supports Peer Recovery Specialist/Counselors in providing supportive socialization for residents that will assist residents in their recovery, self-sufficiency and in seeking meaningful life activities and relationships. Peers shall be encouraged to share their stories of recovery as much as possible to infiltrate the milieu with the notion that recovery is possible.~~

~~15) CONTRACTOR shall provide close supervision and be aware of residents' whereabouts at all times to ensure the safety of all residents. Every clinician and residential counselor will have an assigned caseload and be responsible for the monitoring of the assigned individuals. CONTRACTOR shall provide routine room checks in the evening and document observations. Rounds are completed by staff on regular intervals.~~

~~16) CONTRACTOR will actively explore, research and present ideas for additional evidence based practices in order to continually improve and refine aspects of the program.~~

~~c. Case Management/Discharge Services:~~



~~1) CONTRACTOR shall actively engage in discharge planning from the day of admission, instructing and assisting residents with successful linkage to community resources such as outpatient mental health clinics, substance abuse treatment programs, housing, including providing supportive assistance to the individual in identifying and securing adequate and appropriate follow up living arrangements, FSP, physical health care, and government entitlement programs.~~

~~2) Within seventy two (72) hours of admission, CONTRACTOR shall establish a discharge date in concert with the resident and their family/support system. The targeted discharge date will be within fourteen (14) days after admission.~~

~~3) CONTRACTOR shall collaborate proactively with resident's Mental Health Plan Provider when such is required to link residents to county or contracted housing services which may include continued temporary housing, permanent supported housing, interim placement, or other community housing options.~~

~~4) CONTRACTOR shall assist residents in scheduling timely follow up appointment(s) between resident and their mental health service provider while still a resident or within twenty four (24) hours following discharge to ensure that appropriate linkage has been successful. Provide telephone follow up within five (5) days to ensure linkage was successful. Services shall be documented in the resident record. Peer Recovery Specialists and Residential Counselors will be expected to accompany residents to their follow up linkage appointments as part of their case management duties.~~

~~5) CONTRACTOR shall coordinate treatment with physical health providers as appropriate and assist residents with accessing medical and dental services, and providing transportation and accompaniment to those services as needed.~~

~~6) CONTRACTOR shall obtain prior approval from the ADMINISTRATOR for residents who are deemed necessary to stay in the program for more than fourteen (14) days. CONTRACTOR shall obtain prior written approval from the ADMINISTRATOR for residents who are deemed necessary to stay in the program for more than thirty (30) days.~~

~~7) Unplanned discharges will be avoided at all costs and only after all other interventions have failed. If, at any time, a resident presents as a serious danger to themselves or others, CONTRACTOR shall assess the safety needs of all concerned and may have the resident assessed for voluntary or involuntary hospitalization utilizing ADMINISTRATOR protocols. If a resident is seriously or repetitively non-compliant with the program, CONTRACTOR may discharge the resident if deemed necessary and only following a multi-disciplinary case conference which will include the ADMINISTRATOR. CONTRACTOR shall be in compliance with eviction procedures following the CCR, Title 22, Section 81068.5, and Title 9, Section 532.3, and will provide an unusual occurrence report to ADMINISTRATOR no later than the following business day.~~

~~#~~

~~#~~

~~8) In the event a resident leaves the program without permission, CONTRACTOR shall hold resident's bed open for twenty four (24) hours unless otherwise mutually agreed upon by ADMINISTRATOR and CONTRACTOR.~~

~~9) In the event a resident is transferred for crisis stabilization to the COUNTY CSU or to the Emergency Department (ED), CONTRACTOR shall provide a warm hand off to the CSU or ED receiving staff member and hold a resident's bed open for twenty four (24) hours unless otherwise mutually agreed upon by ADMINISTRATOR and CONTRACTOR.~~

~~d. Medication Support Services:~~

~~1) CONTRACTOR shall provide medications, as clinically appropriate, to all residents regardless of funding.~~

~~2) CONTRACTOR shall educate residents on the role of medication in their recovery plan, and how the resident can take an active role in their own recovery process. CONTRACTOR shall provide education to residents on medication choices, risks, benefits, alternatives, side effects and how these can be managed. Resident education will be provided on a regularly scheduled basis via individual and group sessions.~~

~~3) CONTRACTOR shall obtain signed medication consent forms for each psychotropic medication prescribed.~~

~~4) Medications will be dispensed by a physician's order by licensed and qualified staff in accordance with CCR, Title 9, Div. 1, Chapter 3, Article 3.5, Section 532.1, as well as CCL Requirements.~~

~~5) Licensed staff authorized to dispense medication will document the resident's response to their medication, as well as any side effects to that medication, in the resident's record.~~

~~6) CONTRACTOR shall insure all medications are securely locked in a designated storage area with access limited to only those personnel authorized to prescribe, dispense, or administer medication.~~

~~7) CONTRACTOR shall establish written policies and procedures that govern the receipt, storage and dispensing of medication in accordance with state regulations.~~

~~8) CONTRACTOR shall not utilize sample medications in the program without first establishing policies and procedures for the use of sample medications consistent with State regulatory requirements.~~

~~9) CONTRACTOR shall provide a medication follow-up visit by a psychiatrist at a frequency necessary to manage the acute symptoms to allow the resident to safely stay at the Crisis Residential Program and to prepare the resident to transition to outpatient level of care upon discharge. At a minimum, CONTRACTOR shall provide an initial psychiatric evaluation by a psychiatrist within twenty four (24) hours after admission and will have a psychiatrist available as needed for medication follow-up twice per week thereafter.~~

~~#~~

~~10) Upon discharge, CONTRACTOR shall make available a sufficient supply of current psychiatric medications to which the resident has responded, to meet the resident's needs until they can be seen in an outpatient clinic. This may be a combination of new prescriptions, the resident's specific medications remaining at the Crisis Residential Program, and/or additional sample medications with patient labels.~~

~~11) CONTRACTOR shall utilize the COUNTY PBM to supply medications for unfunded residents.~~

~~e. Transportation Services:~~

~~1) CONTRACTOR shall provide transportation services for program related activities which may include, but not be limited to, transportation to appointments deemed necessary for medical or dental care or activities related to and in support of preparation for discharge and/or community integration. All other non-crucial appointments will be delayed until after the individual is discharged. CONTRACTOR staff will accompany individuals on these necessary appointments.~~

~~f. Food Services:~~

~~1) CONTRACTOR shall meet meal service and food supply requirements per Community Care Licensing regulations which shall include, but not be limited to:~~

~~2) Meals shall be served in the dining room and tray service provided on emergency need only so as to encourage community food preparation, eating and clean-up activities.~~

~~3) CONTRACTOR shall maintain required supplies of non-perishable foods at required temperatures.~~

~~4) CONTRACTOR shall create opportunities for residents to participate in the planning, preparation and clean-up of food preparation activities,~~

~~D. PROGRAM DIRECTOR/QI RESPONSIBILITIES The Program Director will have ultimate responsibility for the program and will ensure the following:~~

~~1. CONTRACTOR shall maintain adequate records on each resident which shall include all required forms and evaluations, a written treatment/rehabilitation plan specifying goals, objectives, and responsibilities, on-going progress notes, and records of service provided by various personnel in sufficient detail to permit an evaluation of services.~~

~~2. A COUNTY certified reviewer completes one hundred percent (100%) audit of resident charts regarding clinical documentation, insuring all charts are in compliance with medical necessity and Medi-Cal and Medicare chart compliance. Charts will be reviewed within one day of admission to ensure that all initial charting requirements are met and at the time of discharge. CONTRACTOR shall ensure that all chart documentation complies with all federal, state and local guidelines and standards. CONTRACTOR shall ensure that all chart documentation is completed within the appropriate timelines.~~

~~3. Provide clinical direction and training to staff on all clinical documentation and treatment plans;~~

~~#~~



~~4. Retain on staff, a certified reviewer trained by the ADMINISTRATOR's Authority and Quality Improvement unit;~~

~~5. Oversee all aspects of the clinical services of the recovery program, know each resident by name and be familiar with details of each of the residents' cases/situations that brought them to the program;~~

~~6. Coordinate with in-house clinicians, psychiatrist and/or nurse regarding resident treatment issues, professional consultations, or medication evaluations;~~

~~7. Review and approve all quarterly logs submitted to ADMINISTRATOR, (e.g. medication monitoring and utilization review); and~~

~~8. Facilitate on going program development and provide or ensure appropriate and timely supervision and guidance to staff regarding difficult cases and behavioral health emergencies.~~

#### ~~E. QUALITY IMPROVEMENT~~

~~1. CONTRACTOR shall agree to adopt and comply with the written Quality Improvement Implementation Plan and procedures provided by ADMINISTRATOR which describe the requirements for quality improvement, supervisory review and medication monitoring.~~

~~2. CONTRACTOR shall agree to adopt and comply with the written ADMINISTRATOR Documentation Manual or its equivalent, and any State requirements, as provided by ADMINISTRATOR, which describes, but is not limited to, the requirements for Medi-Cal, Medicare and ADMINISTRATOR charting standards.~~

~~3. CONTRACTOR shall demonstrate the capability to maintain a medical records system, including the capability to utilize HCA's IRIS system to enter appropriate data. CONTRACTOR shall regularly review their charting, IRIS data input and billing systems to ensure compliance with COUNTY and state P&Ps and establish mechanisms to prevent inaccurate claim submissions.~~

~~4. CONTRACTOR shall maintain on file, at the facility, minutes and records of all quality improvement meetings and processes. Such records and minutes will also be subject to regular review by ADMINISTRATOR in the manner specified in the Quality Improvement Implementation Plan and ADMINISTRATOR's P&P.~~

~~5. CONTRACTOR shall allow ADMINISTRATOR to attend QIC and medication monitoring meetings.~~

~~6. CONTRACTOR shall allow the COUNTY to periodically review the quantity and quality of services provided pursuant to this Agreement. This review will be conducted at CONTRACTOR's facility and will consist of a review of medical and other records of residents provided services pursuant to the Agreement.~~

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

~~1. Case conferences, as requested by ADMINISTRATOR to address any aspect of clinical care and implement any recommendations made by COUNTY to improve resident care.~~

~~#~~

~~2. Monthly COUNTY management meetings with ADMINISTRATOR to discuss contractual and other issues related to, but not limited to whether it is or is not progressing satisfactorily in achieving all the terms of the Agreement, and if not, what steps will be taken to achieve satisfactory progress, compliance with P&Ps, review of statistics and clinical services;~~

~~3. Clinical staff and IRIS staff training for individuals conducted by CONTRACTOR and/or ADMINISTRATOR.~~

~~4. CONTRACTOR will follow the following guidelines for County tokens:~~

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

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

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

~~d. CONTRACTOR shall return to ADMINISTRATOR all Tokens under the following conditions:~~

~~1) Token of each staff member who no longer supports this Agreement;~~

~~2) Token of each staff member who no longer requires access to the HCA IRIS;~~

~~3) Token of each staff member who leaves employment of CONTRACTOR;~~

~~4) Token is malfunctioning; or~~

~~5) Termination of Agreement.~~

~~e. CONTRACTOR shall reimburse the COUNTY for Tokens lost, stolen, or damaged through acts of negligence.~~

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

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

~~1. All HIPAA covered healthcare providers, individuals and organizations must obtain a NPI for use to identify themselves in HIPAA standard transactions.~~

~~2. CONTRACTOR, including each employee that provides services under the Agreement, will obtain a NPI upon commencement of the Agreement or prior to providing services under the Agreement. CONTRACTOR shall report to ADMINISTRATOR, on a form approved or supplied by ADMINISTRATOR, all NPI as soon as they are available.~~

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

~~#~~

1 ~~request, the NPP for the COUNTY, as the MHP, to any individual who received services under the~~  
 2 ~~Agreement.~~

3 ~~— I. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to~~  
 4 ~~conduct research activity on COUNTY clients without obtaining prior written authorization from~~  
 5 ~~ADMINISTRATOR.~~

6 ~~— J. CONTRACTOR shall not conduct any proselytizing activities, regardless of funding sources,~~  
 7 ~~with respect to any individual(s) who have been referred to CONTRACTOR by COUNTY under the~~  
 8 ~~terms of the Agreement. Further, CONTRACTOR agrees that the funds provided hereunder will not be~~  
 9 ~~used to promote, directly or indirectly, any religion, religious creed or cult, denomination or sectarian~~  
 10 ~~institution, or religious belief.~~

11 ~~— K. CONTRACTOR shall maintain all requested and required written policies, and provide to~~  
 12 ~~ADMINISTRATOR for review, input, and approval prior to staff training on said policies. All P&Ps~~  
 13 ~~and program guidelines will be reviewed bi-annually at a minimum for updates. Policies will include~~  
 14 ~~but not limited to the following:~~

- 15 ~~—— 1. Admission Criteria and Admission Procedure;~~
- 16 ~~—— 2. Assessments and Individual Service Plans;~~
- 17 ~~—— 3. Crisis Intervention/Evaluation for Involuntary Holds;~~
- 18 ~~—— 4. Handling Non-Compliant Residents/Unplanned Discharges;~~
- 19 ~~—— 5. Medication Management and Medication Monitoring;~~
- 20 ~~—— 6. Recovery Program/Rehabilitation Program;~~
- 21 ~~—— 7. Community Integration/Case Management/Discharge Planning;~~
- 22 ~~—— 8. Documentation Standards;~~
- 23 ~~—— 9. Quality Management/Performance Outcomes;~~
- 24 ~~—— 10. Resident Rights;~~
- 25 ~~—— 11. Personnel/In-service Training;~~
- 26 ~~—— 12. Unusual Occurrence Reporting;~~
- 27 ~~—— 13. Code of Conduct/Compliance; and~~
- 28 ~~—— 14. Mandated Reporting.~~

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

- 31 ~~—— 1. Orientation to the program's goals, and P&Ps;~~
- 32 ~~—— 2. Training on subjects as required by state regulations;~~
- 33 ~~—— 3. Orientation to the services section, as outlined in the Services Section of this Exhibit A to~~  
 34 ~~the Agreement;~~
- 35 ~~—— 4. Recovery philosophy and individual empowerment;~~
- 36 ~~—— 5. Crisis intervention and de-escalation;~~
- 37 ~~—— 6. Substance abuse and dependence; and~~

~~7. Motivational interviewing.~~

~~M. PERFORMANCE OUTCOMES~~

~~1. CONTRACTOR shall be required to achieve, track and report Performance Outcome Objectives, on a quarterly basis as outlined below:~~

~~a. maintain an occupancy rate of at least ninety percent (90%);~~

~~b. maintain an average length of stay of fourteen (14) days or less;~~

~~c. discharge at least ninety percent (90%) of residents to a lower level of care;~~

~~d. link at least ninety percent (90%) of residents to outpatient services at discharge.~~

~~Linkage will be defined as keeping outpatient appointment within five (5) business days after discharge;~~

~~e. ensure at least ninety five percent (95%) of residents do not require inpatient hospitalization within forty eight (48) hours of discharge;~~

~~f. ensure at least ninety percent (90%) of residents do not readmit within forty eight (48) hours of discharge; and~~

~~g. ensure at least seventy five percent (75%) of residents do not readmit within fourteen (14) days of discharge; and~~

~~h. maintain an overall residents satisfaction score of at least four (4) out of five (5) with five (5) being the most satisfied.~~

~~2. CONTRACTOR shall coordinate distribution and collection of Resident Satisfaction surveys and provide summary results to ADMINISTRATOR on a quarterly basis. CONTRACTOR shall also discuss the results of these surveys with all staff members in the program and develop plans to address areas of concern that may result from the surveys.~~

~~N. DATA CERTIFICATION~~

~~1. CONTRACTOR shall certify the accuracy of their data and maintain an accurate and complete database for all individuals served under this Agreement. The Resident database shall be certified upon monthly submission and uploaded to an approved File Transfer Protocol by the tenth (10th) of every month. If CONTRACTOR's current database copy cannot be submitted via Microsoft Access file format, the data must be made available in an HCA approved database file type. If CONTRACTOR's system is web based, CONTRACTOR shall allow ADMINISTRATOR accessibility for monitoring, reporting, and allowing accessibility to view, run, print, and export Resident records/reports.~~

~~2. CONTRACTOR shall, within two (2) weeks of notice by COUNTY, correct Database errors.~~

~~3. CONTRACTOR shall, on a monthly basis, provide a separate file comprised of required data elements provided by COUNTY as outlined in Subparagraph IV.D of this Exhibit A with verification that outcome data is correct.~~

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~~4. CONTRACTOR shall, on a quarterly basis, report the Performance Outcome Objectives as outlined in Subparagraph IV.L. of this Exhibit A to the Agreement with verification that outcome data is correct.~~

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

## **VI. STAFFING**

~~A. CONTRACTOR shall include bilingual/bicultural services to meet the needs of threshold languages as determined by COUNTY. Whenever possible, bilingual/bicultural staff should be retained. Any clinical vacancies occurring at a time when bilingual and bicultural composition of the clinical staffing does not meet the above requirement must be filled with bilingual and bicultural staff unless ADMINISTRATOR consents, in advance and 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 and in advance, by ADMINISTRATOR.~~

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

~~C. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of all P&Ps. CONTRACTOR shall provide signature confirmation of the P&P training for each staff member and placed in their personnel files.~~

~~D. CONTRACTOR shall ensure that all new clinical and supervisory staff complete the COUNTY's New Provider Training.~~

~~E. CONTRACTOR shall ensure that all staff complete the COUNTY's Annual Provider Training and Annual Compliance Training.~~

~~F. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of all Personnel Requirements as stated in CCR Title 22, standards for a Social Rehabilitation Facility as for a Short Term Crisis Residential Division 6, 81065 and that continuing education is provided. The continuing education may include such topics as the following:~~

- ~~1. Basic knowledge of mental disorders;~~
- ~~2. Counseling skills, including individual, group, vocational and job counseling skills;~~
- ~~3. Crisis management;~~
- ~~4. Development and updating of needs and services plan;~~

~~5. Discharge planning;~~  
~~6. Medications, including possible side effects and signs of overmedicating;~~  
~~7. Knowledge of community services and resources; and~~  
~~8. Principles of good nutrition, proper food preparation and storage, and menu planning.~~  
~~The licensee shall document the number of hours of continuing education completed each year by direct care staff.~~  
~~G. ADMINISTRATOR shall provide, or cause to be provided, training and ongoing consultation to CONTRACTOR's staff to assist CONTRACTOR in ensuring compliance with ADMINISTRATOR Standards of Care practices, P&Ps, documentation standards and any state regulatory requirements.~~  
~~H. CONTRACTOR needs to have a supervisory and administrative structure that will ensure high quality, cost effective service provision including initial and on-going staff training.~~  
~~I. CONTRACTOR shall notify ADMINISTRATOR, in writing, within seventy-two (72) hours, of any staffing vacancies that occur during the term of the Agreement.~~  
~~J. A limited number of clinical staff shall be qualified and designated by COUNTY to perform evaluations pursuant to Section 5150, WIC.~~  
~~K. CONTRACTOR shall, at a minimum, provide the following staffing pattern expressed in Full Time Equivalents (FTEs) continuously throughout the term of the Agreement. One (1) FTE shall be equal to an average of forty (40) hours work per week.~~

<del>PROGRAM</del>	<del>FTEs</del>
<del>—Office Coordinator</del>	<del>0.25</del>
<del>—Office Coordinator II</del>	<del>0.50</del>
<del>—Clinical Director</del>	<del>0.50</del>
<del>—Clinician</del>	<del>1.20</del>
<del>—LVN/LPT</del>	<del>1.20</del>
<del>—Peer Recovery Coach</del>	<del>0.70</del>
<del>—Program Administrator</del>	<del>0.50</del>
<del>—Regional Director of Operations</del>	<del>0.05</del>
<del>—HR Generalist</del>	<del>0.04</del>
<del>—Residential Counselor</del>	<del>7.00</del>
<del>—IT Support Specialist</del>	<del>0.05</del>
<del>SUBTOTAL PROGRAM</del>	<del>11.99</del>
<del>Psychiatrist (Subcontract)</del>	<del>0.22</del>
<del>TOTAL FTEs</del>	<del>12.21</del>

~~K. WORKLOAD STANDARDS~~

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

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~~2. CONTRACTOR shall provide three hundred fifteen (315) DSHs per year of direct physician time which will include medication support services which are inclusive of both billable and non-billable services.~~

~~3. CONTRACTOR shall ensure physician services are available a minimum of three (3) hours per day, seven (7) days a week.~~

~~4. CONTRACTOR shall provide one thousand eight hundred sixty-two (1,862) resident bed days per year, which are inclusive of both billable and non-billable services.~~

~~5. CONTRACTOR shall, during the term of the Agreement, provide resident related services, tracking the number of individual counseling sessions and number of therapeutic and educational didactic groups provided with a minimum of four (4) groups, including two therapeutic groups facilitated by licensed clinicians and two didactic groups and one (1) individual session provided by a licensed clinician per day.~~

~~L. Staffing levels and qualifications will meet the requirements as stated in CCR Title 22, Division 6, Chapters 1 and 2; Title 9, Division 1, Chapter 3, Article 3.5; as well as the WIC Division 5, Part 2, Chapter 2.5, Article 1; and the HSC Division 2, Chapter 3, Article 2, and/or other certification standards for a Social Rehabilitation Facility as well as for a Short Term Crisis Residential, as appropriate to the services being provided. A sufficient number of clinical staff will be licensed in order to meet all State requirements. COUNTY shall not reimburse CONTRACTOR for services provided by clinical staff who do not meet these requirements.~~

~~M. A limited number of clinical staff will be qualified and designated by COUNTY to perform evaluations pursuant to Section 5150, WIC.~~

~~N. CONTRACTOR may augment the above paid staff with volunteers or interns upon written approval of ADMINISTRATOR.~~

~~1. 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. Supervision will be in accordance to that set by the BBS. CONTRACTOR shall provide supervision to volunteers as specified in the respective job descriptions or work contracts.~~

~~2. An intern is an individual 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 MFT, or a LCSW.~~

~~3. Student intern services shall not comprise more than twenty percent (20%) of total services provided.~~

~~O. 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~~

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1 ~~employment, qualifications for the position, documentation of bicultural/bilingual capabilities~~  
2 ~~(if applicable), pay rate and evaluations justifying pay increases.~~

3 ~~— P. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the~~  
4 ~~Staffing Paragraph of this Exhibit A to the Agreement.~~

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EXHIBIT A-1  
TO THE CONTRACT FOR PROVISION OF  
ADULT CRISIS RESIDENTIAL SERVICES SOUTH REGION  
BETWEEN  
COUNTY OF ORANGE  
AND  
TELECARE CORPORATION  
JULY 1, 2020 THROUGH JUNE 30, 2021

**I. COMMON TERMS AND DEFINITIONS**

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

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

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

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

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

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

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

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

c. Emerging Practices means that the practice seems like a logical approach to addressing

1 a specific behavior which is becoming distinct, recognizable among Consumers and clinicians in  
 2 practice, or innovators in academia or policy makers; and at least one recognized expert, group of  
 3 researchers or other credible individuals have endorsed the practice as worthy of attention based on  
 4 outcomes; and finally, it produces specific outcomes.

5 6. Care Coordinator is a MHS, CSW, or MFT that provides mental health, crisis intervention  
 6 and case management services to those Consumers who seek services in the COUNTY operated  
 7 outpatient programs.

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

14 8. CAT means Crisis Assessment Team and provides twenty-four (24) hour mobile response  
 15 services to any adult who has a behavioral health emergency. This program assists law enforcement,  
 16 social service agencies, and families in providing crisis intervention services for individuals who are in  
 17 behavioral health crises. CAT is a multi-disciplinary program that conducts risk assessments, initiates  
 18 involuntary hospitalizations as necessary, and provides case management, linkage and follow up  
 19 services for individuals evaluated.

20 9. Certified Reviewer means an individual that obtains certification by completing all  
 21 requirements set forth in the Quality Improvement and Program Compliance Reviewer Training  
 22 Verification Sheet.

23 10. Client or Individual means an individual, referred by COUNTY or enrolled in  
 24 CONTRACTOR's program for services under the Agreement, who is living with a serious and  
 25 persistent mental illness.

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

29 12. Crisis Stabilization Unit (CSU) means a behavioral health crisis stabilization program that  
 30 operates twenty-four (24) hours a day that serves Orange County clients, aged eighteen (18) and older,  
 31 who are experiencing a behavioral health crisis that cannot wait until a regularly scheduled appointment.  
 32 Crisis Stabilization services include psychiatric evaluations, nursing assessments, consultations with  
 33 significant others and outpatient providers, individual and family education, crisis intervention services,  
 34 counseling/therapy services provided by a Licensed Clinical Social Worker or Marriage Family  
 35 Therapist, basic medical services, medication services, and referrals and linkages to the appropriate level  
 36 of continuing care and community services, including Peer Mentoring services. As a designated  
 37 outpatient facility, the CSU may evaluate and treat individuals for no longer than twenty-three (23)

hours and fifty-nine (59) minutes. The primary goal of the CSU is to help stabilize the crises and begin treating individuals in order to refer them to the most appropriate, least restrictive non-hospital setting when indicated or to facilitate admission to psychiatric inpatient units when the need for this level of care is present.

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

14. Data Collection System means software designed for collection, tracking and reporting outcomes data for Consumers enrolled in the FSP Programs.

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

b. Data Mining and Analysis Specialist means a person who is responsible for ensuring the program maintains a focus on outcomes, by reviewing outcomes, and analyzing data as well as working on strategies for gathering new data from the Consumers' perspective, which will improve understanding of Consumers' needs and desires towards furthering their Recovery. This individual will provide feedback to the program and work collaboratively with the employment specialist, education specialist, benefits specialist, and other staff in the program in strategizing improved outcomes in these areas. This position will be responsible for attending all data and outcome related meetings and ensuring that the program is being proactive in all data collection requirements and changes at the local and state level.

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

d. KET means Key Event Tracking and refers to the tracking of a Consumer's 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 Consumer status in certain categories. These categories include residential status, employment status, education and benefits establishment.

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

15. Diagnosis means the definition of the nature of the Consumer's disorder. When formulating the Diagnosis of Consumer, CONTRACTOR shall use the diagnostic codes and axes as specified in the most current edition of the DSM published by the American Psychiatric Association. DSM diagnoses will be recorded on all IRIS documents, as appropriate.

16. DSH means Direct Service Hours and refers to a measure in minutes that a clinician spends providing Consumer services. DSH credit is obtained for providing mental health, case management,

1 medication support and a crisis intervention service to any Consumer open in IRIS, which includes both  
 2 billable and non-billable services.

3 17. Engagement means the process by which a trusting relationship between worker and  
 4 Consumer(s) is established with the goal to link the individual(s) to the appropriate services.  
 5 Engagement of Consumer(s) is the objective of a successful Outreach.

6 18. Face-to-Face means an encounter between Consumer and provider where they are both  
 7 physically present.

8 19. FSP

9 a. FSP means Full Service Partnership and refers to a type of program described by the  
 10 State in the requirements for the COUNTY plan for use of MHSA funds and which includes Consumers  
 11 being a full partner in the development and implementation of their treatment plan. A FSP is an  
 12 evidence-based and strength-based model, with the focus on the individual rather than the disease.  
 13 Multi-disciplinary teams will be established including the Consumer, Psychiatrist, and PSC. Whenever  
 14 possible, these multi-disciplinary teams will include a mental health nurse, marriage and family  
 15 therapist, clinical social worker, peer specialist, and family members. The ideal Consumer to staff ratio  
 16 will be in the range of fifteen to twenty (15 – 20) to one (1), ensuring relationship building and intense  
 17 service delivery. Services will include, but not be limited to, the following:

18 1) Crisis management;

19 2) Housing Services;

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

22 4) Community-based Wraparound Recovery Services;

23 5) Vocational and Educational services;

24 6) Job Coaching/Developing;

25 7) Consumer employment;

26 8) Money management/Representative Payee support;

27 9) Flexible Fund account for immediate needs;

28 10) Transportation;

29 11) Illness education and self-management;

30 12) Medication Support;

31 13) Co-occurring Services;

32 14) Linkage to financial benefits/entitlements;

33 15) Family and Peer Support; and

34 16) Supportive socialization and meaningful community roles.

35 b. Consumer services are focused on Recovery and harm reduction to encourage the  
 36 highest level of Consumer empowerment and independence achievable. PSC's will meet with the  
 37 Consumer in their current community setting and will develop a supportive relationship with the

individual served. Substance abuse treatment will be integrated into services and provided by the Consumer's team to individuals with a co-occurring disorder.

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

20. Housing Specialist means a specialized position dedicated to developing the full array of housing options for their program and monitoring their suitability for the population served in accordance with the minimal housing standards policy set by the COUNTY for their program. This individual is also responsible for assisting Consumers with applications to low income housing, housing subsidies, senior housing, etc.

21. Individual Services and Support Funds – Flexible Funds means funds intended for use to provide individuals and/or their families with immediate assistance, as deemed necessary, for the treatment of their behavioral health disorder and their overall quality of life. Flexible Funds are generally categorized as housing, Consumer transportation, food, clothing, medical and miscellaneous expenditures that are individualized and appropriate to support Consumer's mental health treatment activities.

22. Intake means the initial meeting between a Consumer and CONTRACTOR's staff and includes an evaluation to determine if the Consumer meets program criteria and is willing to seek services.

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

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

25. Job Coach/Developer means a specialized position dedicated to cultivating and nurturing employment opportunities for the Consumers and matching the job to the Consumer's strengths, abilities, desires, and goals. This position will also integrate knowledge about career development and job preparation to ensure successful job retention and satisfaction of both employer and employee.

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

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

28. Mental Health Specialist means an individual who has a Bachelor's Degree and four years of experience in a mental health setting and who performs individual and group case management studies.

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

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

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

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

c. Co-Occurring Integrated Treatment Model. In evidence-based Integrated Treatment programs, consumers receive combined treatment for behavioral health and substance use disorders from the same practitioner or treatment team.

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

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

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

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

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

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

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

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

34. NPI means National Provider Identifier and refers to the standard unique health identifier that was adopted by the Secretary of HHS under HIPAA 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.

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

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

37. Outreach means the Outreach to potential Consumers to link them to appropriate Mental

1 Health Services and may include activities that involve educating the community about the services  
 2 offered and requirements for participation in the programs. Such activities should result in the  
 3 CONTRACTOR developing their own Consumer referral sources for the programs they offer.

4 38. Peer Recovery Specialist/Counselor means an individual who has been through the same or  
 5 similar Recovery process as those he/she is now assisting to attain their Recovery goals while being paid  
 6 for this function by the program. A peer Recovery specialist practice is informed by his/her own  
 7 experience.

8 39. PERT means Psychiatric Emergency Response Team and is a specialized unit designed to  
 9 create a behavioral health and law enforcement response team. While the primary purpose of the  
 10 partnership is to assist individuals in behavioral health crisis in accessing behavioral health services, the  
 11 PERT team also educates police on behavioral health issues and provides them with the tools necessary  
 12 to more effectively assist individuals in behavioral health crises. PERT provides a behavioral health  
 13 trained clinician to ride along with a police officer in order to provide a prompt response and assessment  
 14 to individuals in behavioral health crises and provide them with the appropriate care and linkages to  
 15 other resources as required in a dignified manner.

16 40. PSC means Personal Services Coordinator and refers to an individual who will be part of a  
 17 multi-disciplinary team that will provide community based Mental Health Services to adults that are  
 18 struggling with persistent and severe mental illness as well as homelessness, rehabilitation and Recovery  
 19 principles. The PSC is responsible for clinical care and case management of assigned Consumer and  
 20 families in a community, home, or program setting. This includes assisting Consumers with mental  
 21 health, housing, vocational and educational needs. The position is also responsible for administrative  
 22 and clinical documentation as well as participating in trainings and team meetings. The PSC shall be  
 23 active in supporting and implementing the program's philosophy and its individualized, strength-based,  
 24 culturally/linguistically competent and Consumer-centered approach.

25 41. Pharmacy Benefits Manager means the organization that manages the medication benefits  
 26 that are given to Consumers that qualify for medication benefits.

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

31 43. Pre-Licensed Therapist means an individual who has obtained a Master's Degree in Social  
 32 Work or Marriage and Family Therapy and is registered with the Board of Behavioral Sciences (BBS as  
 33 an Associate CSW or MFT Intern acquiring hours for licensing. An individual's registration is subject  
 34 to regulations adopted by the BBS.

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



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

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

47. PHI means individually identifiable health information usually transmitted by electronic media, 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 relates 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.

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

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

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

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

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

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

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

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

52. Referral means providing the effective linkage of a Consumer to another service, when indicated; with follow-up to be provided within five (5) working days to assure that the Consumer has made contact with the referred service.

53. Supportive Housing PSC means a person who provides services in a supportive housing

structure. This person will coordinate activities that will include, but not be limited to: independent living skills, social activities, supporting communal living, assisting clients with conflict resolution, advocacy, and linking Consumers with the assigned PSC for clinical issues. Supportive Housing PSC will consult with the multidisciplinary team of Consumers assigned by the program. The PSCs will be active in supporting and implementing a full service partnership philosophy and its individualized, strengths-based, culturally appropriate, and Consumer-centered approach.

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

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

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

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

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

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

## **II. BUDGET**

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

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CLIENT DAY ADMINISTRATIVE COSTS

<u>Indirect Costs</u>	<u>\$ 137,491</u>
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<u>SUBTOTAL ADMINISTRATIVE COSTS</u>	<u>\$ 137,491</u>
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CLIENT DAY PROGRAM COSTS

<u>Salaries</u>	<u>\$ 622,642</u>
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<u>Benefits</u>	<u>113,230</u>
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<u>Services &amp; Supplies</u>	<u>180,736</u>
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<u>SUBTOTAL PROGRAM COSTS</u>	<u>\$ 916,608</u>
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<u>TOTAL CLIENT DAY COSTS</u>	<u>\$ 1,054,099</u>
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MEDICATION SUPPORT ADMINISTRATIVE COSTS

<u>Indirect Costs</u>	<u>\$ 11,008</u>
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<u>SUBTOTAL ADMINISTRATIVE COSTS</u>	<u>\$ 11,008</u>
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MEDICATION SUPPORT PROGRAM COSTS

<u>Subcontractor</u>	<u>\$ 73,388</u>
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<u>SUBTOTAL PROGRAM COSTS</u>	<u>\$ 73,388</u>
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<u>TOTAL MEDICATION SUPPORT COSTS</u>	<u>\$ 84,396</u>
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<u>TOTAL GROSS COSTS</u>	<u>\$ 1,138,495</u>
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REVENUE

<u>FFP Medi-Cal</u>	<u>\$ 281,937</u>
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<u>MHSA Medi-Cal</u>	<u>281,937</u>
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<u>MHSA</u>	<u>574,621</u>
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<u>TOTAL REVENUE</u>	<u>\$ 1,138,495</u>
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<u>MAXIMUM OBLIGATION</u>	<u>\$ 1,138,495</u>
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B. CONTRACTOR and ADMINISTRATOR mutually agree that the Maximum Obligation identified in Subparagraph II.A. of this Exhibit A-1 to the Agreement includes Indirect Costs not to exceed fifteen percent (15%) of Direct Costs, and which may include operating income estimated at two percent (2%). Final settlement paid to CONTRACTOR shall include Indirect Costs and such Indirect Costs may include operating income.

C. In the event CONTRACTOR collects fees and insurance, including Medicare, for services provided pursuant to the Agreement, CONTRACTOR may make written application to ADMINISTRATOR to retain such revenues; provided, however, the application must specify that the fees and insurance will be utilized exclusively to provide mental health services. ADMINISTRATOR

1 may, at its sole discretion, approve any such retention of revenues. Approval by ADMINISTRATOR  
 2 shall be in writing to CONTRACTOR and will specify the amount of said revenues to be retained and  
 3 the quantity of services to be provided by CONTRACTOR. Fees received from private resources on  
 4 behalf of Medi-Cal clients shall not be eligible for retention by CONTRACTOR.

5 D. The parties agree that the above budget reflects an average Medi-Cal client case load of  
 6 approximately ten percent (10%) to be maintained by CONTRACTOR. CONTRACTOR agrees to  
 7 accept COUNTY referrals that may result in an increase in this average.

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

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

27 G. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the  
 28 Budget Paragraph of this Exhibit A-1 to the Agreement.

### 30 **III. PAYMENTS**

31 A. COUNTY shall pay CONTRACTOR monthly, in arrears, the provisional amount of \$94,875  
 32 per month. All payments are interim payments only and are subject to Final Settlement in accordance  
 33 with the Cost Report Paragraph of the Agreement for which CONTRACTOR shall be reimbursed for  
 34 the actual cost of providing the services, which may include Indirect Administrative Costs, as identified  
 35 in Subparagraph II.A. of this Exhibit A-1 to the Agreement; provided, however, the total of such  
 36 payments does not exceed COUNTY's Maximum Obligation as specified in the Referenced Contract  
 37 provisions of the Agreement and, provided further, CONTRACTOR's costs are reimbursable pursuant

1 to COUNTY, State and/or Federal regulations. ADMINISTRATOR may, at its discretion, pay  
 2 supplemental billings for any month for which the provisional amount specified above has not been  
 3 fully paid.

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

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

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

18 B. CONTRACTOR's invoices shall be on a form approved or supplied by COUNTY and provide  
 19 such information as is required by ADMINISTRATOR. Invoices are due the tenth (10th) calendar day  
 20 of each month. Invoices received after the due date may not be paid within the same month. Payments  
 21 to CONTRACTOR should be released by COUNTY no later than thirty (30) calendar days after receipt  
 22 of the correctly completed invoice form.

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

26 D. ADMINISTRATOR may withhold or delay any payment if CONTRACTOR fails to comply  
 27 with any provision of the Agreement.

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

31 F. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the  
 32 Payments Paragraph of this Exhibit A-1 to the Agreement.

#### 34 **IV. REPORTS**

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

37 //

B. FISCAL

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

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

C. STAFFING - CONTRACTOR shall submit monthly Staffing Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will, at a minimum, report the actual FTEs of the positions stipulated in the Staffing Paragraph of this Exhibit A-1 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. If an extension is approved by ADMINISTRATOR, the total extension will not exceed more than five (5) calendar days.

D. PROGRAMMATIC

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

a. On a daily basis, CONTRACTOR will report the daily census to the ADMINISTRATOR and ensure that ADMINISTRATOR has a current status of open beds at all times.

b. On a monthly basis or as requested, CONTRACTOR shall report the following information to ADMINISTRATOR:

1) current schedule of groups and activities;

2) a description of chart compliance activities as well as the outcome of chart reviews;

3) number of admissions;

4) referral source upon admission;

5) type of funding upon admission;

6) average length of stay;

7) number of admissions by funding (Medi-Cal, unfunded, etc.);  
 8) average daily census;  
 9) number of discharges;  
 10) type of residence on discharge (independent, home with family, Sober Living, etc.);  
 11) voluntary and involuntary hospitalizations that occur during client's stay or within  
 12) forty-eight (48) hours of discharge;  
 13) readmissions within forty-eight (48) hours and within fourteen (14) days of  
 14) discharge;  
 15) number of individual counseling sessions and duration of sessions per month;  
 16) number of educational groups and the duration of each group type provided to  
 17) clients per month;  
 18) number of attendees to the groups per month;  
 19) percentage of clients attending groups; and  
 20) 17) Description of CONTRACTOR's progress in implementing the provisions of this  
 21) Agreement and provisions of the Corrective Action Plan (CAP) that was requested on January 9th 2019.  
 22) CONTRACTOR shall state whether it is or is not progressing satisfactorily in achieving all the terms of  
 23) this Agreement and the CAP, and if not, will specify what steps will be taken to achieve satisfactory  
 24) progress.  
 25) c. On a quarterly basis, CONTRACTOR shall report the Performance Outcome  
 26) Objectives as outlined in Subparagraph IV.F. of this Exhibit A-1 to the Agreement.  
 27) 2. ADMINISTRATOR and CONTRACTOR may mutually agree, in advance and in writing,  
 28) to adjust the items to be included in the monthly programmatic reports based on the needs of the  
 29) COUNTY, the clients, and a commitment to quality services.  
 30) 3. CONTRACTOR shall document all adverse incidents affecting the physical and/or  
 31) emotional welfare of clients, including but not limited to serious physical harm to self or others, serious  
 32) destruction of property, developments, etc., and which may raise liability issues with COUNTY.  
 33) CONTRACTOR shall notify COUNTY and CCL within twenty-four (24) hours of any such serious  
 34) adverse incident.  
 35) E. CONTRACTOR shall advise ADMINISTRATOR of any special incidents, conditions, or issues  
 36) that adversely affect the quality or accessibility of client-related services provided by, or under contract  
 37) with, the COUNTY as identified in ADMINISTRATOR's P&Ps.  
 F. 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.  
 G. CONTRACTOR shall provide effective Administrative management of the budget, staffing,  
recording, and reporting portion of the Agreement with the COUNTY. If administrative responsibilities

are delegated to subcontractors, CONTRACTOR must ensure that any subcontractor(s) possess the qualifications and capacity to perform all delegated responsibilities. These responsibilities include, but not limited to the following:

1. Designate the responsible position(s) in your organization for managing the funds allocated to this program;
2. Maximize the use of the allocated funds;
3. Ensure timely and accurate reporting of monthly expenditures;
4. Maintain appropriate staffing levels;
5. Request budget and/or staffing modifications to the Agreement;
6. Effectively communicate in a proactive manner and monitor the program for its success;
7. Track and report expenditures electronically;
8. Maintain electronic and telephone communication between key staff and the Contract and Program Administrators; and
9. Act quickly to identify, report and solve problems.

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

I. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Reports Paragraph of this Exhibit A-1 to the Agreement.

## V. SERVICES

### A. FACILITIES

1. CONTRACTOR shall maintain a facility(ies) for the provision of Adult Crisis Residential services described herein at the following location(s), or any other location approved, in advance, in writing, by ADMINISTRATOR. The facility(ies) shall include space to support the services identified within the Agreement.

25402 Pacifica Avenue  
Mission Viejo, CA, 92691

2. CONTRACTOR shall meet the standards of the applicable sections of:

- a. HSC Code 1520 et.seq;
- b. CCR, Title 22, Division 6, Chapter 2, Social Rehabilitation Facilities; Subchapter 1, Article 7;

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c. CCR, Title 9, Division 1, Chapter 3, Article 3.5 Standards for the Certification of Social Rehabilitation Programs;

d. WIC Division 5, Part 2, Chapter 2.5, Article 1, section 5670.5;

e. Section 504 of the Rehabilitation Act of 1973 -- (29 U.S.C. 794 et seq., as implemented in 45 CFR 84.1 et seq.);

f. Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. 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.

2. The facility shall have a capacity of six (6) beds and include adequate physical space to support the services identified within the Agreement.

3. The facility shall be open for admissions between the hours of 8:00 a.m. and 8:00 p.m. Monday through Sunday, and will also maintain the ability to accept an admission outside of these hours as requested. Services to clients in this program will be provided on a twenty-four (24) hour, seven (7) day per week, three hundred sixty-five (365) day per year basis.

4. CONTRACTOR's holiday schedule shall be consistent with COUNTY's holiday schedule unless otherwise approved, in advance and in writing, by ADMINISTRATOR.

B. INDIVIDUALS TO BE SERVED – CONTRACTOR shall provide short term crisis residential services to individuals evaluated by and referred by COUNTY and COUNTY contractors as appropriate. CONTRACTOR shall not provide walk-in evaluation and admission services unless mutually agreed upon, in writing, between CONTRACTOR and ADMINISTRATOR. ADMINISTRATOR will serve as the principal source to authorize admissions of individuals who meet the following criteria:

1. Adults between ages eighteen and fifty-nine (18 and 59) and individuals over sixty (60) years of age whose needs are compatible with those of other clients if they require the same level of care and supervision and all Community Care Licensing requirements can be met;

2. COUNTY client;

3. Diagnosed with a behavioral health disorder and who may have a co-occurring disorder;

4. In crisis and at the risk of hospitalization and could safely benefit from this level of care;  
and

5. Willing to participate fully and voluntarily in services.

C. ADULT CRISIS RESIDENTIAL PROGRAM – This program operates twenty-four (24) hours a day, seven (7) days a week, emulates a home-like environment and supports a social rehabilitation model, which is designed to enhance individuals' social connections with family or community so that they can move back into the community and prevent inpatient stays. Short-term Crisis Residential Services will be provided to adults who are in behavioral health crises and may be at risk of psychiatric hospitalization and will involve families and significant others throughout the treatment episodes so that the dynamics of the clients' circumstances are improved prior to discharge. Individuals are referred from

Adult and Older Adult Behavioral Health County or County-contracted behavioral health providers and services will be rich in collaborating with these existing providers to arrange for discharge planning, appropriate housing placements, as needed, in addition to securing linkages to ongoing treatment providers prior to discharge. Crisis Residential services provide positive, temporary alternatives for people experiencing acute psychiatric episodes or intense emotional distress who might otherwise face voluntary or involuntary inpatient treatment. Programs will provide crisis intervention, therapy, medication monitoring and evaluation to determine the need for the type and intensity of additional services within a framework of evidence based and trauma-informed approaches to recovery planning, including a rich peer support component. Program will include treatment for co-occurring disorders based on either harm-reduction or abstinence-based approaches to wellness and recovery, including providing a safe, smoke free, drug free, accepting environment that nurtures individuals' processes of personal growth and overall wellness. The programs must emphasize mastery of daily living skills and social development using strength-based approaches that support recovery and wellness. The residential settings will create solid links to the continuum of care with heavy emphasis on housing supports and linkages that will ease the transitions into independent living and prevent recidivism. Intensive psychosocial services are provided on an individual and group basis by licensed and licensed waived mental health professionals, including therapy, crisis intervention, group education, assistance with self-administration of medications and case management. The focus is on recovery and intensive behavioral health treatment, management and discharge planning, linkage and reintegration into the community. The average length of stay per client is fourteen (14) days. The program will offer an environment where clients are supported as they look at their own life experiences, set their own paths toward recovery, and work towards the fulfillment of their hopes and dreams. The clients are expected to participate fully in all program activities, including all individual sessions, groups, and recovery oriented outings.

1. CONTRACTOR shall operate the program in such a manner that meets or exceeds the following regulations:

- a. HSC 1520 et.seq;
- b. CCR, Title 22, Division 6, Chapter 2 Social Rehabilitation Facilities;
- c. CCR, Title 9, Division 1, Chapter 3, Article 3.5 Standards for the Certification of Social Rehabilitation Programs, Section 531-535; and
- d. WIC Division 5, Part 2, Chapter 2.5, Article 1, section 5670, 5670.5 and 5671.

2. CONTRACTOR shall provide short term crisis residential program services as follows:

a. Admission Services:

- 1) CONTRACTOR shall accept individuals who have been determined to meet admission criteria by approved County and County contracted referral sources and will have the client sign an admission agreement describing the services to be provided, client rights, and the expectations of the client regarding house rules and involvement in all aspects of the program, including individual

1 and group therapy sessions.

2 2) CONTRACTOR shall complete a thorough behavioral health assessment and  
 3 psychiatric evaluation within twelve (12) hours of admission.

4 3) During the initial seventy-two (72) hours subsequent to admission, clients will be  
 5 expected to remain on site at all times to ensure integration into the program. After this initial period,  
 6 client may be eligible for a day pass to an approved activity, usually an MD appointment or an  
 7 appointment for housing, etc. Prior to the approved activity pass, the client must be clinically evaluated  
 8 an hour prior to departure and immediately upon returning to the facility. The client must be clinically  
 9 approved prior to leaving the facility. These clinical evaluations will be clearly documented in the  
 10 individual's chart.

11 4) CONTRACTOR shall obtain or complete a medical history within twenty four (24)  
 12 hours of admission.

13 5) CONTRACTOR shall be responsible for client's TB testing upon admission if  
 14 client has not completed the test prior to admission to the program.

15 6) CONTRACTOR shall not deny referrals if CONTRACTOR has available space  
 16 and appropriate staffing, unless mutually agreed upon by CONTRACTOR and ADMINISTRATOR.

17 7) CONTRACTOR and client will together develop a written treatment/service plan  
 18 specifying goals and objectives, involving client's family and support persons as appropriate, and as  
 19 aligned with a recovery focused, person-centered and directed approach within twenty four (24) hours  
 20 of admission. CONTRACTOR shall involve the client's family and support persons or document  
 21 attempts to obtain consent until consent is obtained or the client is discharged.

22 8) Within seventy-two (72) hours of admission, CONTRACTOR shall establish a  
 23 discharge date in concert with the client and their family/support system. The targeted discharge date  
 24 will be within fourteen (14) days after admission

25 b. Therapeutic Services:

26 1) CONTRACTOR shall provide structured day and evening services seven (7) days a  
 27 week which will include individual, group therapy, and community meetings amongst the clients and  
 28 crisis residential staff.

29 2) CONTRACTOR shall provide group counseling sessions at least four (4) times  
 30 daily to assist clients in developing skills that enable them to progress towards self-sufficiency and to  
 31 reside in less intensive levels of care. Topics may include, but not be limited to: narrative therapy,  
 32 reminiscence therapy, storytelling therapy, self-advocacy, personal identity, goal setting, developing  
 33 hope, coping alternatives, processing feelings, relationship management, proper nutrition, personal  
 34 hygiene and grooming, household management, personal safety, symptom monitoring, etc. These  
 35 groups will be clearly documented in the individual's chart. All therapeutic process groups will be  
 36 facilitated by a licensed clinician.

37 3) CONTRACTOR shall provide individual therapeutic sessions provided by a

1 licensed clinician at least one time a day to each client and these sessions will be clearly documented in  
 2 the chart.

3 4) CONTRACTOR shall support a culture of “recovery” which focuses on personal  
 4 responsibility for a client’s behavioral health management and independence, and fosters client  
 5 empowerment, hope, and an expectation of recovery from mental illness. Activities and chores shall be  
 6 encouraged and assigned to each client as appropriate on a daily basis to foster responsibility and  
 7 learning of independent living skills. These chores will be followed up on by residential staff, in the  
 8 spirit of learning, who will also assist the client in learning the new skills and completing the chores as  
 9 needed.

10 5) CONTRACTOR’s program will be designed to enhance client motivation to  
 11 actively participate in the program, provide clients with intensive assistance in accessing community  
 12 resources, and assist clients developing strategies to maintain independent living in the community and  
 13 improve their overall quality of life. Therapeutic outings (to local museums, art galleries, nature  
 14 centers, parks, coffee shops) will be provided for all clients in support of these goals.

15 6) CONTRACTOR shall assist the client in developing and working on a WRAP  
 16 throughout their stay at the program and will promote client recovery on a daily basis via individual  
 17 and/or group sessions. This will assist clients in monitoring and responding to their symptoms in order  
 18 to achieve the highest possible level of wellness, stability and quality of life. Topics may include but  
 19 not be limited to: building a wellness toolbox or resource list, symptom monitoring, triggers and early  
 20 warning signs of symptoms, identifying a crisis plan, etc.

21 7) CONTRACTOR shall engage both the client and family/support persons in the  
 22 program whenever possible. CONTRACTOR shall document contact with family/support persons or  
 23 document why such contact is not possible or not advisable.

24 8) CONTRACTOR shall support a Dual Disorders Integrated Treatment Model that is  
 25 non-confrontational, follows behavioral principles, considers interactions between behavioral health  
 26 disorders and substance abuse and has gradual expectations of abstinence. CONTRACTOR shall  
 27 provide, on a regularly scheduled basis, education via individual and/or group sessions to clients on the  
 28 effects of alcohol and other drug abuse, triggers, relapse prevention, and community recovery resources.  
 29 Twelve (12) step groups and Smart Recovery groups will be encouraged at the facility on a regular  
 30 basis.

31 9) CONTRACTOR shall support a culture that supports a smoke free environment in  
 32 the facility and on the campus. CONTRACTOR shall provide educational groups regarding tobacco  
 33 cessation and provide viable alternatives such as tobacco patches and other approved methods that  
 34 support tobacco use reduction and cessation.

35 10) CONTRACTOR shall assist clients in developing prevocational and vocational  
 36 plans to achieve gainful employment and/or perform volunteer work if identified as a goal in the service  
 37 plan.

11) CONTRACTOR shall provide crisis intervention and crisis management services designed to enable the client to cope with the crisis at hand while maintaining his/her functioning status within the community and to prevent further decompensation or hospitalization.

12) CONTRACTOR shall provide assessments for involuntary hospitalization when necessary. This service must be available twenty-four (24) hours per day, seven (7) days per week.

13) CONTRACTOR will provide information, support, advocacy education, and assistance with including the client's natural support system in treatment and services.

14) CONTRACTOR shall sustain a culture that supports Peer Recovery Specialist/Counselors in providing supportive socialization for clients that will assist clients in their recovery, self-sufficiency and in seeking meaningful life activities and relationships. Peers shall be encouraged to share their stories of recovery as much as possible to infuse the milieu with the notion that recovery is possible.

15) CONTRACTOR shall provide close supervision and be aware of clients' whereabouts at all times to ensure the safety of all clients. Every clinician and residential counselor will have an assigned caseload and be responsible for the monitoring of the assigned individuals. CONTRACTOR shall provide routine room checks in the evening and document observations. Rounds are completed by staff on regular intervals.

16) CONTRACTOR will actively explore, research and present ideas for additional evidence-based practices in order to continually improve and refine aspects of the program.

c. Case Management/Discharge Services:

1) CONTRACTOR shall actively engage in discharge planning from the day of admission, instructing and assisting clients with successful linkage to community resources such as outpatient mental health clinics, substance abuse treatment programs, housing, including providing supportive assistance to the individual in identifying and securing adequate and appropriate follow up living arrangements, FSP, physical health care, and government entitlement programs.

2) CONTRACTOR shall collaborate proactively with client's Mental Health Plan Provider when such is required to link clients to county or contracted housing services which may include continued temporary housing, permanent supported housing, interim placement, or other community housing options.

3) CONTRACTOR shall assist clients in scheduling timely follow-up appointment(s) between client and their mental health service provider while still a client or within twenty-four (24) hours following discharge to ensure that appropriate linkage has been successful. Provide telephone follow up within five (5) days to ensure linkage was successful and if not, relinkage services will be provided. Services shall be documented in the client chart. Peer Recovery Specialists and Residential Counselors will be expected to accompany clients to their follow up linkage appointments as part of their case management duties.

4) CONTRACTOR shall coordinate treatment with physical health providers as

appropriate and assist clients with accessing medical and dental services, and providing transportation and accompaniment to those services as needed.

5) CONTRACTOR shall obtain prior approval from the ADMINISTRATOR for clients who are deemed necessary to stay in the program for more than fourteen (14) days, which may be more common for our older adult population. CONTRACTOR shall obtain prior written approval from the ADMINISTRATOR for clients who are deemed necessary to stay in the program for more than thirty (30) days.

6) Unplanned discharges will be avoided at all costs and only after all other interventions have failed. If, at any time, a client presents as a serious danger to themselves or others, CONTRACTOR shall assess the safety needs of all concerned and may have the client assessed for voluntary or involuntary hospitalization utilizing ADMINISTRATOR protocols. If a client is seriously or repetitively non-compliant with the program, CONTRACTOR may discharge the client if deemed necessary and only following a multi-disciplinary case conference which will include the ADMINISTRATOR. CONTRACTOR shall be in compliance with eviction procedures following the CCR, Title 22, Section 81068.5, and Title 9, Section 532.3, and will provide an unusual occurrence report to ADMINISTRATOR no later than the following business day.

7) In the event a client leaves the program without permission, CONTRACTOR shall hold client's bed open for twenty-four (24) hours unless otherwise mutually agreed upon by ADMINISTRATOR and CONTRACTOR.

8) In the event a client is transferred for crisis stabilization to the COUNTY CSU or to the Emergency Department (ED), CONTRACTOR shall provide a warm hand-off to the CSU or ED receiving staff member and hold a client's bed open for twenty-four (24) hours unless otherwise mutually agreed upon by ADMINISTRATOR and CONTRACTOR.

d. Medication Support Services:

1) CONTRACTOR shall provide medications, as clinically appropriate, to all clients regardless of funding.

2) CONTRACTOR shall educate clients on the role of medication in their recovery plan, and how the client can take an active role in their own recovery process. These educational efforts should be geared toward older adults and if necessary will focus on management of multiple medications for multiple conditions. CONTRACTOR shall provide education to clients on medication choices, risks, benefits, alternatives, side effects and how these can be managed. Client education will be provided on a regularly scheduled basis via individual and group sessions.

3) CONTRACTOR shall obtain signed medication consent forms for each psychotropic medication prescribed.

4) Medications will be dispensed by a physician's order by licensed and qualified staff in accordance with CCR, Title 9, Div. 1, Chapter 3, Article 3.5, Section 532.1, as well as CCL Requirements.

5) Licensed staff authorized to dispense medication will document the client's response to their medication, as well as any side effects to that medication, in the client's chart.

6) CONTRACTOR shall insure all medications are securely locked in a designated storage area with access limited to only those personnel authorized to prescribe, dispense, or administer medication.

7) CONTRACTOR shall establish written policies and procedures that govern the receipt, storage and dispensing of medication in accordance with state regulations.

8) CONTRACTOR shall not utilize sample medications in the program without first establishing policies and procedures for the use of sample medications consistent with State regulatory requirements.

9) CONTRACTOR shall provide a medication follow-up visit by a psychiatrist at a frequency necessary to manage the acute symptoms to allow the client to safely stay at the Crisis Residential Program and to prepare the client to transition to outpatient level of care upon discharge. At a minimum, CONTRACTOR shall provide an initial psychiatric evaluation by a psychiatrist within twelve (12) hours after admission and will have a psychiatrist available as needed for medication follow-up as needed or at a minimum twice per week thereafter.

10) Upon discharge, CONTRACTOR shall make available a sufficient supply of current psychiatric medications to which the client has responded, to meet the client's needs until they can be seen in an outpatient clinic. This may be a combination of new prescriptions, the client's specific medications remaining at the Crisis Residential Program, and/or additional sample medications with patient labels.

11) CONTRACTOR shall utilize the COUNTY PBM to supply medications for unfunded clients.

e. Transportation Services:

1) CONTRACTOR shall provide transportation services that are suitable for older adults for program related activities which may include, but not be limited to, transportation to appointments deemed necessary for medical or dental care or activities related to and in support of preparation for discharge and/or community integration. All other non-crucial appointments will be delayed until after the individual is discharged. CONTRACTOR staff will accompany individuals on these necessary appointments.

f. Food Services:

1) CONTRACTOR shall meet meal service and food supply requirements per Community Care Licensing regulations and also meet nutritional needs of older adults which shall include, but not be limited to:

2) Meals shall be served in the dining room and tray service provided on emergency need only so as to encourage community food preparation, eating and clean-up activities.

3) CONTRACTOR shall create opportunities for clients to participate in the planning.

1 preparation and clean-up of food preparation activities.

2 4) CONTRACTOR shall have menu items approved by older adult specialist or  
 3 nutritionist as appropriate.

4 5) Food Services will meet meal and food supply requirements, including an abundant  
 5 supply of healthy and fresh food options, including fruits, vegetables and other items that promote  
 6 healthy choices and wellness.

7 D. PROGRAM DIRECTOR/QI RESPONSIBILITIES – The Program Director will have ultimate  
 8 responsibility for the program and will ensure the following:

9 1. Maintenance of adequate records on each client which shall include all required forms and  
 10 evaluations, a written treatment/rehabilitation plan specifying goals, objectives, and responsibilities, on-  
 11 going progress notes, and records of service provided by various personnel in sufficient detail to permit  
 12 an evaluation of services.

13 2. There is a supervisory and administrative structure in place that will ensure high quality,  
 14 consistent staff are providing high quality and consistent trauma informed services at all hours of  
 15 operation, including the evenings and nocturnal shifts.

16 3. COUNTY certified reviewers, who will be the Clinical Administrator and Program  
 17 Administrator, complete one hundred percent (100%) audit of client charts regarding clinical  
 18 documentation, insuring all charts are in compliance with medical necessity and Medi-Cal and Medicare  
 19 chart compliance. Charts will be reviewed within one day of admission to ensure that all initial charting  
 20 requirements are met and at the time of discharge. CONTRACTOR shall ensure that all chart  
 21 documentation complies with all federal, state and local guidelines and standards. CONTRACTOR shall  
 22 ensure that all chart documentation is completed within the appropriate timelines.

23 4. Provide clinical direction and training to staff on all clinical documentation and treatment  
 24 plans;

25 5. Retain on staff at all times, a certified reviewer trained by the ADMINISTRATOR's  
 26 Authority and Quality Improvement unit. ADMINISTRATOR is requesting that Clinical and Program  
 27 Administrator positions carry out these duties.

28 6. Oversee all aspects of the clinical services of the recovery program, know each client by  
 29 name and be familiar with details of each of the clients' cases/situations that brought them to the  
 30 program;

31 7. Coordinate with in-house clinicians, psychiatrist and/or nurse regarding client treatment  
 32 issues, professional consultations, or medication evaluations;

33 8. Review and approve all quarterly logs submitted to ADMINISTRATOR, (e.g. medication  
 34 monitoring and utilization review); and

35 9. Facilitate on-going program development and provide or ensure appropriate and timely  
 36 supervision and guidance to staff regarding difficult cases and behavioral health emergencies.

37 E. QUALITY IMPROVEMENT



1 1. CONTRACTOR shall agree to adopt and comply with the written Quality Improvement  
 2 Implementation Plan and procedures provided by ADMINISTRATOR which describe the requirements  
 3 for quality improvement, supervisory review and medication monitoring.

4 2. CONTRACTOR shall agree to adopt and comply with the written ADMINISTRATOR  
 5 Documentation Manual or its equivalent, and any State requirements, as provided by  
 6 ADMINISTRATOR, which describes, but is not limited to, the requirements for Medi-Cal, Medicare  
 7 and ADMINISTRATOR charting standards.

8 3. CONTRACTOR shall demonstrate the capability to maintain a medical records system,  
 9 including the capability to utilize HCA's IRIS system to enter appropriate data. CONTRACTOR shall  
 10 regularly review their charting, IRIS data input and billing systems to ensure compliance with  
 11 COUNTY and state P&Ps and establish mechanisms to prevent inaccurate claim submissions.

12 4. CONTRACTOR shall maintain on file, at the facility, minutes and records of all quality  
 13 improvement meetings and processes. Such records and minutes will also be subject to regular review  
 14 by ADMINISTRATOR in the manner specified in the Quality Improvement Implementation Plan and  
 15 ADMINISTRATOR's P&P.

16 5. CONTRACTOR shall allow ADMINISTRATOR to attend QIC and medication monitoring  
 17 meetings.

18 6. CONTRACTOR shall allow the COUNTY to review the quantity and quality of services  
 19 provided pursuant to this Agreement quarterly or as needed. This review will be conducted at  
 20 CONTRACTOR's facility and will consist of a review of medical and other records of clients provided  
 21 services pursuant to the Agreement.

22 F. CONTRACTOR shall attend meetings as requested by COUNTY including but not limited to:

23 1. Case conferences, as requested by ADMINISTRATOR to address any aspect of clinical  
 24 care and implement any recommendations made by COUNTY to improve client care.

25 2. Monthly COUNTY management meetings with ADMINISTRATOR to discuss contractual  
 26 and other issues related to, but not limited to whether it is or is not progressing satisfactorily in  
 27 achieving all the terms of the Agreement, and if not, what steps will be taken to achieve satisfactory  
 28 progress, compliance with P&Ps, review of statistics and clinical services;

29 3. Clinical staff and IRIS staff training for individuals conducted by CONTRACTOR and/or  
 30 ADMINISTRATOR.

31 4. CONTRACTOR will follow the following guidelines for County tokens:

32 a. CONTRACTOR recognizes Tokens are assigned to a specific individual staff member  
 33 with a unique password. Tokens and passwords will not be shared with anyone.

34 b. CONTRACTOR shall maintain an inventory of the Tokens, by serial number and the  
 35 staff member to whom each is assigned.

36 c. CONTRACTOR shall indicate in the monthly staffing report, the serial number of the  
 37 Token for each staff member assigned a Token.

d. CONTRACTOR shall return to ADMINISTRATOR all Tokens under the following conditions:

- 1) Token of each staff member who no longer supports this Agreement;
- 2) Token of each staff member who no longer requires access to the HCA IRIS;
- 3) Token of each staff member who leaves employment of CONTRACTOR;
- 4) Token is malfunctioning; or
- 5) Termination of Agreement.

e. CONTRACTOR shall reimburse the COUNTY for Tokens lost, stolen, or damaged through acts of negligence.

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

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

1. All HIPAA covered healthcare providers, individuals and organizations must obtain a NPI for use to identify themselves in HIPAA standard transactions.

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

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

I. 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.

J. CONTRACTOR shall not conduct any proselytizing activities, regardless of funding sources, with respect to any individual(s) who have been referred to CONTRACTOR by COUNTY under the terms of the Agreement. Further, CONTRACTOR agrees that the funds provided hereunder will not be used to promote, directly or indirectly, any religion, religious creed or cult, denomination or sectarian institution, or religious belief.

K. CONTRACTOR shall maintain all requested and required written policies, and provide to ADMINISTRATOR for review, input, and approval prior to staff training on said policies. All P&Ps and program guidelines will be reviewed bi-annually at a minimum for updates. Policies will include but not limited to the following:

1. Admission Criteria and Admission Procedure;
2. Assessments and Individual Service Plans;
3. Crisis Intervention/Evaluation for Involuntary Holds;
4. Handling Non-Compliant Clients/Unplanned Discharges;
5. Medication Management and Medication Monitoring;
6. Recovery Program/Rehabilitation Program;
7. Community Integration/Case Management/Discharge Planning;
8. Documentation Standards;
9. Quality Management/Performance Outcomes;
10. Client Rights;
11. Personnel/In service Training;
12. Unusual Occurrence Reporting;
13. Code of Conduct/Compliance; and
14. Mandated Reporting.

L. 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, and P&Ps;
2. Training on subjects as required by state regulations;
3. Orientation to the services section, as outlined in the Services Section of this Exhibit A-1 to the Agreement;
4. Recovery philosophy and individual empowerment;
5. Crisis intervention and de-escalation;
6. Substance abuse and dependence; and
7. Motivational interviewing.

#### M. PERFORMANCE OUTCOMES

1. CONTRACTOR shall be required to achieve, track and report Performance Outcome Objectives, on a quarterly basis as outlined below:

- a. maintain an occupancy rate of at least ninety five percent (95%);
- b. maintain an average length of stay of fourteen (14) days or less;
- c. discharge at least ninety five percent (95%) of clients to a lower level of care;
- d. link at least ninety five percent (95%) of clients to outpatient services at discharge. Linkage will be defined as keeping outpatient appointment within five (5) business days after discharge; linkage can occur while the clients are still in the program to ensure success.
- e. ensure at least ninety-five percent (95%) of residents do not require inpatient hospitalization within forty-eight (48) hours of discharge;
- f. ensure at least seventy-five percent (75%) of clients do not require inpatient hospitalization within sixty (60) days of discharge;

g. ensure at least ninety percent (90%) of clients do not readmit within forty-eight (48) hours of discharge; and

h. ensure at least seventy-five percent (75%) of clients do not readmit within sixty (60) days of discharge; and

i. develop an evidenced based performance metric of client improvement measured upon admission and upon linkage and discharge.

j. research, propose and develop additional evidenced based metrics/performance objectives that are relevant to described services and desired outcomes.

#### N. DATA CERTIFICATION

1. CONTRACTOR shall certify the accuracy of their data and maintain an accurate and complete database for all individuals served under this Agreement. The Client database shall be certified upon monthly submission and uploaded to an approved File Transfer Protocol by the tenth (10th) of every month. If CONTRACTOR's current database copy cannot be submitted via Microsoft Access file format, the data must be made available in an HCA approved database file type. If CONTRACTOR's system is web-based, CONTRACTOR shall allow ADMINISTRATOR accessibility for monitoring, reporting, and allowing accessibility to view, run, print, and export Client records/reports.

2. CONTRACTOR shall, within two (2) weeks of notice by COUNTY, correct Database errors.

3. CONTRACTOR shall, on a monthly basis, provide a separate file comprised of required data elements provided by COUNTY as outlined in Subparagraph IV.D of this Exhibit A-1 with verification that outcome data is correct.

4. CONTRACTOR shall, on a quarterly basis, report the Performance Outcome Objectives as outlined in Subparagraph IV.L. of this Exhibit A-1 to the Agreement with verification that outcome data is correct.

O. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Services Paragraph of this Exhibit A-1 to the Agreement.

#### EXHA VI. STAFFING

A. CONTRACTOR shall include bilingual/bicultural services to meet the needs of threshold languages as determined by COUNTY. Whenever possible, bilingual/bicultural staff should be retained. Any clinical vacancies occurring at a time when bilingual and bicultural composition of the clinical staffing does not meet the above requirement must be filled with bilingual and bicultural staff unless minimum qualifications are not met. 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 and in advance, by ADMINISTRATOR.

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

8 C. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of all  
 9 P&Ps. CONTRACTOR shall provide signature confirmation of the P&P training for each staff member  
 10 and placed in their personnel files.

11 D. CONTRACTOR shall ensure that all new clinical and supervisory staff complete the  
 12 COUNTY's New Provider Training.

13 E. CONTRACTOR shall ensure that all staff complete the COUNTY's Annual Provider Training  
 14 and Annual Compliance Training.

15 F. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of all  
 16 Personnel Requirements as stated in CCR Title 22, standards for a Social Rehabilitation Facility as for a  
 17 Short Term Crisis Residential Division 6, 81065 and that continuing education is provided. The  
 18 continuing education may include such topics as the following:

- 19 1. Basic knowledge of mental disorders;
- 20 2. Counseling skills, including individual, group, vocational and job counseling skills;
- 21 3. Crisis management;
- 22 4. Development and updating of needs and services plan;
- 23 5. Discharge planning;
- 24 6. Medications, including possible side effects and signs of overmedicating;
- 25 7. Knowledge of community services and resources; and
- 26 8. Principles of good nutrition, proper food preparation and storage, and menu planning.

27 The licensee shall document the number of hours of continuing education completed each year by direct  
 28 care staff.

29 G. ADMINISTRATOR shall provide, or cause to be provided, training and ongoing consultation to  
 30 CONTRACTOR's staff to assist CONTRACTOR in ensuring compliance with ADMINISTRATOR  
 31 Standards of Care practices, P&Ps, documentation standards and any state regulatory requirements.

32 H. CONTRACTOR needs to have a supervisory and administrative structure that will ensure high  
 33 quality, cost effective service provision including initial and on-going staff training.

34 I. CONTRACTOR shall notify ADMINISTRATOR, in writing, within seventy-two (72) hours, of  
 35 any staffing vacancies that occur during the term of the Agreement.

36 J. A limited number of clinical staff shall be qualified and designated by COUNTY to perform  
 37 evaluations pursuant to Section 5150, WIC.

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

<u>PROGRAM</u>	<u>FTEs</u>
<u>Office Coordinator</u>	<u>0.25</u>
<u>Office Coordinator II</u>	<u>0.50</u>
<u>Clinical Director</u>	<u>0.50</u>
<u>Clinician</u>	<u>1.40</u>
<u>LVN/LPT</u>	<u>1.20</u>
<u>Peer Recovery Coach</u>	<u>0.70</u>
<u>Program Administrator</u>	<u>0.50</u>
<u>Regional Director of Operations</u>	<u>0.05</u>
<u>HR Generalist</u>	<u>0.03</u>
<u>Residential Counselor</u>	<u>7.00</u>
<u>IT Support Specialist</u>	<u>0.05</u>
<u>SUBTOTAL PROGRAM</u>	<u>12.18</u>
<u>Psychiatrist (Subcontract)</u>	<u>0.24</u>
<u>TOTAL FTEs</u>	<u>12.42</u>

#### L. WORKLOAD STANDARDS

1. One (1) DSH will be equal to sixty (60) minutes of direct client service.
2. CONTRACTOR shall provide three hundred fifteen (315) DSHs per year of direct physician time which will include medication support services which are inclusive of both billable and non-billable services.
3. CONTRACTOR shall ensure physician services are available a minimum of three (3) hours per day, seven (7) days a week and see each client at least twice per week or more often if needed.
4. CONTRACTOR shall provide one thousand eight hundred sixty-two (1,862) client bed days per year, which are inclusive of both billable and non-billable services.
5. CONTRACTOR shall, during the term of the Agreement, provide client related services, tracking the number of individual counseling sessions and number of therapeutic and educational didactic groups provided with a minimum of four (4) groups, including two therapeutic groups facilitated by licensed clinicians and two didactic groups and one (1) individual session provided by a licensed clinician per day.

M. Staffing levels and qualifications will meet the requirements as stated in CCR Title 22, Division 6, Chapters 1 and 2; Title 9, Division 1, Chapter 3, Article 3.5; as well as the WIC Division 5, Part 2, Chapter 2.5, Article 1; and the HSC Division 2, Chapter 3, Article 2, and/or other certification

standards for a Social Rehabilitation Facility as well as for a Short Term Crisis Residential, as appropriate to the services being provided. A sufficient number of clinical staff will be licensed in order to meet all State requirements. COUNTY shall not reimburse CONTRACTOR for services provided by clinical staff who do not meet these requirements.

N. A limited number of clinical staff will be qualified and designated by COUNTY to perform evaluations pursuant to Section 5150, WIC.

O. CONTRACTOR may augment the above paid staff with volunteers or interns upon written approval of ADMINISTRATOR.

1. 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. Supervision will be in accordance to that set by the BBS. CONTRACTOR shall provide supervision to volunteers as specified in the respective job descriptions or work contracts.

2. An intern is an individual 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 MFT, or a LCSW.

3. Student intern services shall not comprise more than twenty percent (20%) of total services provided.

P. 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.

Q. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Staffing Paragraph of this Exhibit A-1 to the Agreement.

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EXHIBIT B  
TO THE AGREEMENT FOR PROVISION OF  
ADULT CRISIS RESIDENTIAL SERVICES SOUTH REGION  
BETWEEN  
COUNTY OF ORANGE  
AND  
TELECARE CORPORATION  
JULY 1, 2019 THROUGH JUNE 30, 2020

**I. BUSINESS ASSOCIATE CONTRACT**

**A. GENERAL PROVISIONS AND RECITALS**

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

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

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

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

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

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

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

### 3 B. DEFINITIONS

4 1. "Administrative Safeguards" are administrative actions, and P&Ps, to manage the selection,  
5 development, implementation, and maintenance of security measures to protect ePHI and to manage the  
6 conduct of CONTRACTOR's workforce in relation to the protection of that information.

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

#### 9 a. Breach excludes:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12. "Secretary" shall mean the Secretary of the Department of HHS or his or her designee.

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

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

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

16. "Technical safeguards" means the technology and the P&Ps for its use that protect ePHI and control access to it.

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

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

#### C. OBLIGATIONS AND ACTIVITIES OF CONTRACTOR AS BUSINESS ASSOCIATE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

33 a. CONTRACTOR does not promptly enter into negotiations to amend this Business  
34 Associate Contract when requested by COUNTY pursuant to this Subparagraph C; or

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

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

4 D. SECURITY RULE

5 1. CONTRACTOR shall comply with the requirements of 45 CFR § 164.306 and establish  
6 and maintain appropriate Administrative, Physical and Technical Safeguards in accordance with  
7 45 CFR § 164.308, § 164.310, and § 164.312, with respect to ePHI COUNTY discloses to  
8 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY.  
9 CONTRACTOR shall develop and maintain a written information privacy and security program that  
10 includes Administrative, Physical, and Technical Safeguards appropriate to the size and complexity of  
11 CONTRACTOR's operations and the nature and scope of its activities.

12 2. CONTRACTOR shall implement reasonable and appropriate P&Ps to comply with the  
13 standards, implementation specifications and other requirements of 45 CFR Part 164, Subpart C, in  
14 compliance with 45 CFR § 164.316. CONTRACTOR will provide COUNTY with its current and  
15 updated policies upon request.

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

21 a. Complying with all of the data system security precautions listed under Subparagraph  
22 E., below;

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

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

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

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

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

1 E. DATA SECURITY REQUIREMENTS

2 1. Personal Controls

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

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

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

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

28 2. Technical Security Controls

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

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

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

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

11 e. Antivirus software. All workstations, laptops and other systems that process and/or  
12 store PHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or  
13 transmits on behalf of COUNTY must have installed and actively use comprehensive anti-virus software  
14 solution with automatic updates scheduled at least daily.

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

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

- 32 1) Upper case letters (A-Z)
- 33 2) Lower case letters (a-z)
- 34 3) Arabic numerals (0-9)
- 35 4) Non-alphanumeric characters (punctuation symbols)

36 h. Data Destruction. When no longer needed, all PHI COUNTY discloses to  
37 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY

1 must be wiped using the Gutmann or US DoD 5220.22-M (7 Pass) standard, or by degaussing. Media  
2 may also be physically destroyed in accordance with NIST Special Publication 800-88. Other methods  
3 require prior written permission by COUNTY.

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

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

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

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

23 m. Transmission encryption. All data transmissions of PHI COUNTY discloses to  
24 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY  
25 outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm which is  
26 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files  
27 containing PHI can be encrypted. This requirement pertains to any type of PHI in motion such as  
28 website access, file transfer, and E-Mail.

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

### 33 3. Audit Controls

34 a. System Security Review. CONTRACTOR must ensure audit control mechanisms that  
35 record and examine system activity are in place. All systems processing and/or storing PHI COUNTY  
36 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of  
37 COUNTY must have at least an annual system risk assessment/security review which provides



1 assurance that administrative, physical, and technical controls are functioning effectively and providing  
2 adequate levels of protection. Reviews should include vulnerability scanning tools.

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

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

#### 10 4. Business Continuity/Disaster Recovery Control

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

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

#### 23 5. Paper Document Controls

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

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

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

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

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

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

#### F. BREACH DISCOVERY AND NOTIFICATION

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

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

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

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

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

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

b. Any other information that COUNTY is required to include in the notification to Individual under 45 CFR §164.404 (c) at the time CONTRACTOR is required to notify COUNTY or promptly thereafter as this information becomes available, even after the regulatory sixty (60) day period set forth in 45 CFR § 164.410 (b) has elapsed, including:

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

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

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

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

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

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

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

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

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

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

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

#### G. PERMITTED USES AND DISCLOSURES BY CONTRACTOR

1. CONTRACTOR may use or further disclose PHI COUNTY discloses to CONTRACTOR as necessary to perform functions, activities, or services for, or on behalf of, COUNTY as specified in

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the Agreement, provided that such use or Disclosure would not violate the HIPAA Privacy Rule if done by COUNTY except for the specific Uses and Disclosures set forth below.

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

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

1) The Disclosure is required by law; or

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

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

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

3. CONTRACTOR may use and disclose PHI COUNTY discloses to CONTRACTOR consistent with the minimum necessary P&Ps of COUNTY.

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

#### H. PROHIBITED USES AND DISCLOSURES

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

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

#### I. OBLIGATIONS OF COUNTY

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

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

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

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

#### J. BUSINESS ASSOCIATE TERMINATION

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

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

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

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

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

b. CONTRACTOR shall retain no copies of the PHI.

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

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

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EXHIBIT C  
TO THE AGREEMENT FOR PROVISION OF  
ADULT CRISIS RESIDENTIAL SERVICES SOUTH REGION  
BETWEEN  
COUNTY OF ORANGE  
AND  
TELECARE CORPORATION  
JULY 1, 2019 THROUGH JUNE 30, 2020

**I. PERSONAL INFORMATION PRIVACY AND SECURITY CONTRACT**

Any reference to statutory, regulatory, or contractual language herein shall be to such language as in effect or as amended.

**A. DEFINITIONS**

1. "Breach" shall have the meaning given to such term under the IEA and CMPPA. It shall include a "PII loss" as that term is defined in the CMPPA.

2. "Breach of the security of the system" shall have the meaning given to such term under the CIPA, CCC § 1798.29(d).

3. "CMPPA Agreement" means the CMPPA Agreement between the SSA and CHHS.

4. "DHCS PI" shall mean PI, as defined below, accessed in a database maintained by the COUNTY or DHCS, received by CONTRACTOR from the COUNTY or DHCS or acquired or created by CONTRACTOR in connection with performing the functions, activities and services specified in the Agreement on behalf of the COUNTY.

5. "IEA" shall mean the IEA currently in effect between the SSA and DHCS.

6. "Notice-triggering PI" shall mean the PI identified in CCC § 1798.29(e) whose unauthorized access may trigger notification requirements under CCC § 1709.29. For purposes of this provision, identity shall include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print, a photograph or a biometric identifier. Notice-triggering PI includes PI in electronic, paper or any other medium.

7. "PII" shall have the meaning given to such term in the IEA and CMPPA.

8. "PI" shall have the meaning given to such term in CCC § 1798.3(a).

9. "Required by law" means a mandate contained in law that compels an entity to make a use or disclosure of PI or PII that is enforceable in a court of law. This includes, but is not limited to, court orders and court-ordered warrants, subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information, and a civil or an authorized investigative demand. It also includes Medicare conditions of participation with respect to health care providers participating in the program, and statutes or

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1 regulations that require the production of information, including statutes or regulations that require such  
2 information if payment is sought under a government program providing public benefits.

3 10. "Security Incident" means the attempted or successful unauthorized access, use, disclosure,  
4 modification, or destruction of PI, or confidential data utilized in complying with this Agreement; or  
5 interference with system operations in an information system that processes, maintains or stores PI.

## 6 B. TERMS OF AGREEMENT

7 1. Permitted Uses and Disclosures of DHCS PI and PII by CONTRACTOR. Except as  
8 otherwise indicated in this Exhibit C, CONTRACTOR may use or disclose DHCS PI only to perform  
9 functions, activities, or services for or on behalf of the COUNTY pursuant to the terms of the  
10 Agreement provided that such use or disclosure would not violate the CIPA if done by the COUNTY.

### 11 2. Responsibilities of CONTRACTOR

12 CONTRACTOR agrees:

13 a. Nondisclosure. Not to use or disclose DHCS PI or PII other than as permitted or  
14 required by this Personal Information Privacy and Security Contract or as required by applicable state  
15 and federal law.

16 b. Safeguards. To implement appropriate and reasonable administrative, technical, and  
17 physical safeguards to protect the security, confidentiality and integrity of DHCS PI and PII, to protect  
18 against anticipated threats or hazards to the security or integrity of DHCS PI and PII, and to prevent use  
19 or disclosure of DHCS PI or PII other than as provided for by this Personal Information Privacy and  
20 Security Contract. CONTRACTOR shall develop and maintain a written information privacy and  
21 security program that include administrative, technical and physical safeguards appropriate to the size  
22 and complexity of CONTRACTOR's operations and the nature and scope of its activities, which  
23 incorporate the requirements of Subparagraph c. below. CONTRACTOR will provide COUNTY with  
24 its current policies upon request.

25 c. Security. CONTRACTOR shall ensure the continuous security of all computerized  
26 data systems containing DHCS PI and PII. CONTRACTOR shall protect paper documents containing  
27 DHCS PI and PII. These steps shall include, at a minimum:

28 1) Complying with all of the data system security precautions listed in Subparagraph  
29 E. of the Business Associate Contract, Exhibit B to the Agreement; and

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

34 3) If the data obtained by CONTRACTOR from COUNTY includes PII,  
35 CONTRACTOR shall also comply with the substantive privacy and security requirements in the  
36 CMPPA Agreement between the SSA and the CHHS and in the Agreement between the SSA and  
37 DHCS, known as the IEA. The specific sections of the IEA with substantive privacy and security

1 requirements to be complied with are sections E, F, and G, and in Attachment 4 to the IEA, Electronic  
 2 Information Exchange Security Requirements, Guidelines and Procedures for Federal, State and Local  
 3 Agencies Exchanging Electronic Information with the SSA. CONTRACTOR also agrees to ensure that  
 4 any of CONTRACTOR's agents or subcontractors, to whom CONTRACTOR provides DHCS PII agree  
 5 to the same requirements for privacy and security safeguards for confidential data that apply to  
 6 CONTRACTOR with respect to such information.

7 d. Mitigation of Harmful Effects. To mitigate, to the extent practicable, any harmful  
 8 effect that is known to CONTRACTOR of a use or disclosure of DHCS PI or PII by CONTRACTOR or  
 9 its subcontractors in violation of this Personal Information Privacy and Security Contract.

10 e. CONTRACTOR's Agents and Subcontractors. To impose the same restrictions and  
 11 conditions set forth in this Personal Information and Security Contract on any subcontractors or other  
 12 agents with whom CONTRACTOR subcontracts any activities under the Agreement that involve the  
 13 disclosure of DHCS PI or PII to such subcontractors or other agents.

14 f. Availability of Information. To make DHCS PI and PII available to the DHCS and/or  
 15 COUNTY for purposes of oversight, inspection, amendment, and response to requests for records,  
 16 injunctions, judgments, and orders for production of DHCS PI and PII. If CONTRACTOR receives  
 17 DHCS PII, upon request by COUNTY and/or DHCS, CONTRACTOR shall provide COUNTY and/or  
 18 DHCS with a list of all employees, contractors and agents who have access to DHCS PII, including  
 19 employees, contractors and agents of its subcontractors and agents.

20 g. Cooperation with COUNTY. With respect to DHCS PI, to cooperate with and assist  
 21 the COUNTY to the extent necessary to ensure the DHCS's compliance with the applicable terms of the  
 22 CIPA including, but not limited to, accounting of disclosures of DHCS PI, correction of errors in DHCS  
 23 PI, production of DHCS PI, disclosure of a security Breach involving DHCS PI and notice of such  
 24 Breach to the affected individual(s).

25 h. Breaches and Security Incidents. During the term of the Agreement, CONTRACTOR  
 26 agrees to implement reasonable systems for the discovery of any Breach of unsecured DHCS PI and PII  
 27 or security incident. CONTRACTOR agrees to give notification of any Breach of unsecured DHCS PI  
 28 and PII or security incident in accordance with Subparagraph F, of the Business Associate Contract,  
 29 Exhibit B to the Agreement.

30 i. Designation of Individual Responsible for Security. CONTRACTOR shall designate  
 31 an individual, (e.g., Security Officer), to oversee its data security program who shall be responsible for  
 32 carrying out the requirements of this Personal Information Privacy and Security Contract and for  
 33 communicating on security matters with the COUNTY.

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