1	AGREEMENT FOR PROVISION OF
2	CHILDREN'S IN-HOME CRISIS STABILIZATION SERVICES
3	BETWEEN
4	COUNTY OF ORANGE
5	AND
6	ORANGE COUNTY CHILD ABUSE PREVENTION CENTER, INC.
7	JULY 1, 2013 THROUGH JUNE 30, 2015
8	
9	THIS AGREEMENT entered into this 1st day of July 2013, which date is enumerated for purposes
10	of reference only, is by and between the COUNTY OF ORANGE (COUNTY) and ORANGE COUNTY
11	CHILD ABUSE PREVENTION CENTER, INC., a California nonprofit corporation (CONTRACTOR).
12	This Agreement shall be administered by the County of Orange Health Care Agency
13	(ADMINISTRATOR).
14	
15	WITNESSETH:
16	
17	WHEREAS, COUNTY wishes to contract with CONTRACTOR for the provision of Children's In-
18	Home Crisis Stabilization Services described herein to the residents of Orange County; and
19	WHEREAS, CONTRACTOR is agreeable to the rendering of such services on the terms and
20	conditions hereinafter set forth:
21	NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:
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1		REFERENCED CONTRACT PROVISIONS
2 3	Agreement Term:	: July 1, 2013 through June 30, 2015
4 5	Period One means	the period from July 1, 2013 through June 30, 2014
6		the period from July 1, 2014 through June 30, 2015
7		
8	Maximum Obliga	
9	<b> </b>	iod One Maximum Obligation: \$\\\ \begin{array}{cccccccccccccccccccccccccccccccccccc
10		iod Two Maximum Obligation 905,312 1,569,160 TAL MAXIMUM OBLIGATION: \$1,810,624 2,843,376
11		<del></del>
12	Basis for Reimbur	rsement: Actual Cost
13		
14	Payment Method:	Provisional Amount
15		
16	Notices to COUN	TY and CONTRACTOR:
17	COUNTY:	County of Orange
18		Health Care Agency
19		Contract Development and Management
20		405 West 5th Street, Suite 600 Santa Ana, CA 92701-4637
21 22		Salita Filia, CFF 72701 1037
23	CONTRACTOR:	
24		500 S. Main St., Suite 1100
25		Orange, CA 92808 Scott Trotter, Executive Director
26		STrotter@brightfutures4kids.org
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1		I. <u>ACRONYMS</u>
2	_	dard definitions are for reference purposes only and may or may not apply in their
3	entirety throughout this	
4	A. ARRA	American Recovery and Reinvestment Act
5	B. BHS	Behavioral Health Services
6	C. CCC	California Civil Code
7	D. CCR	California Code of Regulations
8	E. CEO	County Executive Office
9	F. CFR	Code of Federal Regulations
10	G. CHPP	COUNTY HIPAA Policies and Procedures
11	H. COI	Certificate of Insurance
12	I. CRS	Crisis Residential Services
13	J. CSW	Clinical Social Worker
14	K. DD	Dual Diagnosis
15	L. D/MC	Drug/Medi-Cal
16	M. DHCS	Department of Health Care Services
17	N. DRS	Designated Record Set
18	O. DSH	Direct Service Hour
19	P. ePHI	Electronic Protected Health Information
20	Q. EPSDT	Early Periodic Screening, Diagnosis, and Treatment
21	R. FSP	Full Service Partnership
22	S. GAAP	Generally Accepted Accounting Principles
23	Т. НСА	Health Care Agency
24	U. HHS	Health and Human Services
25	V. HIPAA	Health Insurance Portability and Accountability Act of 1996, Public
26		Law 104-191
27	W. HSC	California Health and Safety Code
28	X. IRIS	Integrated Records and Information System
29	Y. ISO	Insurance Services Office
30	Z. LCSW	Licensed Clinical Social Worker
31	AA. LPT	Licensed Psychiatric Technician
32	AB. LVN	Licensed Vocational Nurse
33	AC. MFT	Marriage and Family Therapist
34	AD. MHP	Mental Health Plan
35	AE. MHSA	Mental Health Services Act
36	AF. MIHS	Medical and Institutional Health Services
37	AG. NOA-A	Notice of Action

1	AH. NPI	National Provider Identifier
2	AI. NPP	Notice of Privacy Practices
3	AJ. OIG	Office of Inspector General
4	AK. OMB	Office of Management and Budget
5	AL. OPM	Federal Office of Personnel Management
6	AM. PC	State of California Penal Code
7	AN. PHI	Protected Health Information
8	AO. PII	Personally Identifiable Information
9	AP. PRA	Public Record Act
10	AQ. QIC	Quality Improvement Committee
11	AR. SIR	Self-Insured Retention
12	AS. SSA	Social Services Agency
13	AT. TAY	Transitional Age Youth
14	AU. TBS	Therapeutic Behavioral Services
15	AV. USC	United States Code
16	AW. WIC	State of California Welfare and Institutions Code
17	AX. WOC	Wraparound Orange County
18		
19		II. ALTERATION OF TERMS

### II. ALTERATION OF TERMS

A. This Agreement, together with Exhibit A attached hereto and incorporated herein, fully expresses 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 this Agreement or any Exhibits, whether written or verbal, made by the parties, their officers, employees or agents shall be valid unless made in the form of a written amendment to this Agreement, which has been formally approved and executed by both parties.

# III. ASSIGNMENT OF DEBTS

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

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### IV. COMPLIANCE

- A. ADMINISTRATOR has established a Compliance Program for the purpose of ensuring adherence to all rules and regulations related to federal and state health care programs.
- 1. ADMINISTRATOR shall provide CONTRACTOR with a copy of the relevant HCA P&Ps relating to HCA's Compliance Program, HCA's Code of Conduct and General Compliance Trainings.
- 2. CONTRACTOR has the option to adhere to HCA's Compliance Program and Code of Conduct or establish its own, provided CONTRACTOR's Compliance Program and Code of Conduct have been verified to include all required elements by ADMINISTRATOR's Compliance Officer as described in subparagraphs below.
- 3. If CONTRACTOR elects to adhere to HCA's Compliance Program and Code of Conduct; the CONTRACTOR shall submit to the ADMINISTRATOR within thirty (30) calendar days of award of this Agreement a signed acknowledgement that CONTRACTOR shall comply with HCA's Compliance Program and Code of Conduct.
- 4. If CONTRACTOR elects to have its own Compliance Program and Code of Conduct then it shall submit a copy of its Compliance Program, Code of Conduct and relevant policies and procedures to ADMINISTRATOR within thirty (30) calendar days of award of this Agreement. ADMINISTRATOR's Compliance Officer shall determine if CONTRACTOR Compliance Program and Code of Conduct contains all required elements. CONTRACTOR shall take necessary action to meet said standards or shall be asked to acknowledge and agree to the HCA's Compliance Program and Code of Conduct if the CONTRACTOR's Compliance Program and Code of Conduct do not contain all required elements.
- 5. Upon written confirmation from ADMINISTRATOR's Compliance Officer that the CONTRACTOR Compliance Program and Code of Conduct contains all required elements, CONTRACTOR shall ensure that all Covered Individuals relative to this Agreement are made aware of CONTRACTOR's Compliance Program, Code of Conduct and related P&Ps.
- 6. Failure of CONTRACTOR to submit its Compliance Program, Code of Conduct and relevant P&Ps shall constitute a material breach of this Agreement. Failure to cure such breach within sixty (60) calendar days of such notice from ADMINISTRATOR shall constitute grounds for termination of this Agreement as to the non-complying party.
- B. SANCTION SCREENING CONTRACTOR shall adhere to all screening P&Ps and screen all Covered Individuals employed or retained to provide services related to this Agreement to ensure that they are not designated as Ineligible Persons, as pursuant to this Agreement. Screening shall be conducted against the General Services Administration's Excluded Parties List System or System for Award Management, the Health and Human Services/Office of Inspector General List of Excluded Individuals/Entities, and the California Medi-Cal Suspended and Ineligible Provider List and/or any other as identified by the ADMINISTRATOR.
- 1. Covered Individuals includes all contractors, subcontractors, agents, and other persons who provide health care items or services or who perform billing or coding functions on behalf of

ADMINISTRATOR. Notwithstanding the above, this term does not include part-time or per-diem employees, contractors, subcontractors, agents, and other persons who are not reasonably expected to work more than one hundred sixty (160) hours per year; except that any such individuals shall become Covered Individuals at the point when they work more than one hundred sixty (160) hours during the calendar year. CONTRACTOR shall ensure that all Covered Individuals relative to this Agreement are made aware of ADMINISTRATOR's Compliance Program, Code of Conduct and related P&Ps.

- 2. An Ineligible Person shall be any individual or entity who:
- a. is currently excluded, suspended, debarred or otherwise ineligible to participate in federal and state health care programs; or
- b. has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the federal and state health care programs after a period of exclusion, suspension, debarment, or ineligibility.
- 3. CONTRACTOR shall screen prospective Covered Individuals prior to hire or engagement. CONTRACTOR shall not hire or engage any Ineligible Person to provide services relative to this Agreement.
- 4. CONTRACTOR shall screen all current Covered Individuals and subcontractors semiannually to ensure that they have not become Ineligible Persons. CONTRACTOR shall also request that its subcontractors use their best efforts to verify that they are eligible to participate in all federal and State of California health programs and have not been excluded or debarred from participation in any federal or state health care programs, and to further represent to CONTRACTOR that they do not have any Ineligible Person in their employ or under contract.
- 5. Covered Individuals shall be required to disclose to CONTRACTOR immediately any debarment, exclusion or other event that makes the Covered Individual an Ineligible Person. CONTRACTOR shall notify ADMINISTRATOR immediately if a Covered Individual providing services directly relative to this Agreement becomes debarred, excluded or otherwise becomes an Ineligible Person.
- 6. CONTRACTOR acknowledges that Ineligible Persons are precluded from providing federal and state funded health care services by contract with COUNTY in the event that they are currently sanctioned or excluded by a federal or state law enforcement regulatory or licensing agency. If CONTRACTOR becomes aware that a Covered Individual has become an Ineligible Person, CONTRACTOR shall remove such individual from responsibility for, or involvement with, COUNTY business operations related to this Agreement.
- 7. CONTRACTOR shall notify ADMINISTRATOR immediately if a Covered Individual or entity is currently excluded, suspended or debarred, or is identified as such after being sanction screened. Such individual or entity shall be immediately removed from participating in any activity associated with this Agreement. ADMINISTRATOR will determine appropriate repayment from, or sanction(s) to CONTRACTOR for services provided by ineligible person or individual. CONTRACTOR shall

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

- C. COMPLIANCE TRAINING ADMINISTRATOR shall make General Compliance Training and Provider Compliance Training, where appropriate, available to Covered Individuals.
- 1. CONTRACTOR shall use its best efforts to encourage completion by Covered Individuals; provided, however, that at a minimum CONTRACTOR shall assign at least one (1) designated representative to complete all Compliance Trainings when offered.
- 2. Such training will be made available to Covered Individuals within thirty (30) calendar days of employment or engagement.
  - 3. Such training will be made available to each Covered Individual annually.
- 4. Each Covered Individual attending training shall certify, in writing, attendance at compliance training. CONTRACTOR shall retain the certifications. Upon written request by ADMINISTRATOR, CONTRACTOR shall provide copies of the certifications.
  - D. MEDICAL BILLING, CODING, AND DOCUMENTATION COMPLIANCE STANDARDS
- 1. CONTRACTOR shall take reasonable precaution to ensure that the coding of health care claims, billings and/or invoices for same are prepared and submitted in an accurate and timely manner and are consistent with federal, state and county laws and regulations. This includes compliance with federal and state health care program regulations and procedures or instructions otherwise communicated by regulatory agencies including the Centers for Medicare and Medicaid Services or their agents.
- 2. CONTRACTOR shall not submit any false, fraudulent, inaccurate and/or fictitious claims for payment or reimbursement of any kind.
- 3. CONTRACTOR shall bill only for those eligible services actually rendered which are also fully documented. When such services are coded, CONTRACTOR shall use accurate billing codes which accurately describes the services provided and must ensure compliance with all billing and documentation requirements.
- 4. CONTRACTOR shall act promptly to investigate and correct any problems or errors in coding of claims and billing, if and when, any such problems or errors are identified.
- 5. CONTRACTOR shall promptly return any overpayments within forty-five (45) business days after the overpayment is verified by the ADMINISTRATOR.

#### V. CONFIDENTIALITY

- A. CONTRACTOR shall maintain the confidentiality of all records, including billings and any audio and/or video recordings, in accordance with all applicable federal, state and county codes and regulations, as they now exist or may hereafter be amended or changed.
- 1. CONTRACTOR acknowledges and agrees that all persons served pursuant to this Agreement are clients of the Orange County Mental Health services system, and therefore it may be

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necessary for authorized staff of ADMINISTRATOR to audit client files, or to exchange information regarding specific clients with COUNTY or other providers of related services contracting with COUNTY.

- 2. CONTRACTOR acknowledges and agrees that it shall be responsible for obtaining written consents for the release of information from all persons served by CONTRACTOR pursuant to this Agreement. Such consents shall be obtained by CONTRACTOR in accordance with CCC, Division 1, Part 2.6 relating to confidentiality of medical information.
- 3. In the event of a collaborative service agreement between Mental Health services providers, CONTRACTOR acknowledges and agrees that it is responsible for obtaining releases of information, from the collaborative agency, for clients receiving services through the collaborative agreement.
- B. Prior to providing any services pursuant to this Agreement, all members of the Board of Directors or its designee or authorized agent, employees, consultants, subcontractors, volunteers and interns of the CONTRACTOR shall agree, in writing, with CONTRACTOR to maintain the confidentiality of any and all information and records which may be obtained in the course of providing such services. This Agreement shall specify that it is effective irrespective of all subsequent resignations or terminations of CONTRACTOR members of the Board of Directors or its designee or authorized agent, employees, consultants, subcontractors, volunteers and interns.

## VI. COST REPORT

- A. CONTRACTOR shall submit separate Cost Reports for Period One and Period Two, or for a portion thereof, to COUNTY no later than sixty (60) calendar days following the period for which they are prepared or termination of this Agreement. CONTRACTOR shall prepare the individual and/or consolidated Cost Report in accordance with all applicable federal, state and COUNTY requirements, GAAP and the Special Provisions Paragraph of this Agreement. CONTRACTOR shall allocate direct and indirect costs to and between programs, cost centers, services, and funding sources in accordance with such requirements and consistent with prudent business practice, which costs and allocations shall be supported by source documentation maintained by CONTRACTOR and available at any time to ADMINISTRATOR upon reasonable notice. In the event CONTRACTOR has multiple Agreements for mental health services that are administered by HCA, consolidation of the individual Cost Reports into a single consolidated Cost Report may be required, as stipulated by ADMINISTRATOR. CONTRACTOR shall submit a consolidated Cost Report to COUNTY no later than five (5) business days following approval by ADMINSTRATOR of all individual Cost Reports to be incorporated into a consolidated Cost Report.
- 1. If CONTRACTOR fails to submit an accurate and complete individual and/or consolidated Cost Report within the time period specified above, ADMINISTRATOR shall have sole discretion to impose one or both of the following:

- a. CONTRACTOR may be assessed a late penalty of five hundred dollars (\$500) for each business day after the above specified due date that the accurate and complete individual and/or consolidated Cost Report is not submitted. Imposition of the late penalty shall be at the sole discretion of the ADMINISTRATOR. The late penalty shall be assessed separately on each outstanding individual and/or consolidated Cost Report due COUNTY by CONTRACTOR.
- b. ADMINISTRATOR may withhold or delay any or all payments due CONTRACTOR pursuant to any or all agreements between COUNTY and CONTRACTOR until such time that the individual and/or consolidated Cost Report is delivered to ADMINISTRATOR.
- 2. CONTRACTOR may request, in advance and in writing, an extension of the due date of the individual and/or consolidated Cost Report setting forth good cause for justification of the request. Approval of such requests shall be at the sole discretion of ADMINISTRATOR and shall not be unreasonably denied.
- 3. In the event that CONTRACTOR does not submit an accurate and complete individual and/or consolidated Cost Report within one hundred and eighty (180) calendar days following the termination of this Agreement, and CONTRACTOR has not entered into a subsequent or new agreement for any other services with COUNTY, then all amounts paid to CONTRACTOR by COUNTY during the term of the Agreement shall be immediately reimbursed to COUNTY.
- B. The individual and/or consolidated Cost Report prepared for each period shall be the final financial and statistical report submitted by CONTRACTOR to COUNTY, and shall serve as the basis for final settlement to CONTRACTOR for that period. CONTRACTOR shall document that costs are reasonable and allowable and directly or indirectly related to the services to be provided hereunder. The individual and/or consolidated Cost Report shall be the final financial record for subsequent audits, if any.
- C. Final settlement shall be based upon the actual and reimbursable costs for services hereunder, less applicable revenues and late penalty, not to exceed COUNTY's Maximum Obligation as set forth in the Referenced Contract Provisions of this Agreement. CONTRACTOR shall not claim expenditures to COUNTY which are not reimbursable pursuant to applicable federal, state and COUNTY laws, regulations and requirements. Any payment made by COUNTY to CONTRACTOR, which is subsequently determined to have been for an unreimbursable expenditure or service, shall be repaid by CONTRACTOR to COUNTY in cash, or other authorized form of payment, within thirty (30) calendar days of submission of the individual and/or consolidated Cost Report or COUNTY may elect to reduce any amount owed CONTRACTOR by an amount not to exceed the reimbursement due COUNTY.
- D. Unless approved by ADMINISTRATOR, costs that exceed the State Maximum Allowance per Medi-Cal Unit of Services, as determined by the State DHCS, shall be unreimbursable to CONTRACTOR.

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1	E. In the event CONTRACTOR is authorized to re-	
2	Budget Paragraph of Exhibit A to this Agreement, CONT	
3	services rendered with such revenues.	
4	F. All individual and/or consolidated Cost Reports	
5	may be typed directly on or attached to the Cost Report:	
6		
7	"I HEREBY CERTIFY that I have executed the	
8	supporting documentation prepared by	
9	beginning and ending	
10	knowledge and belief, costs reimbursed through	
11	allowable and directly or indirectly related to the	
12	Report is a true, correct, and complete stateme	
13	(provider name) in accordance with applicable in	
14	hereby certify that I have the authority to execute t	
15		
16	Signed	
17	Name	
18	Title	
19	Date	
20		
21	VII. <u>DELEGATION, ASSIGNMENT</u>	
22	A. CONTRACTOR may not delegate the obligation	
23	prior written consent of COUNTY. CONTRACT	
24	CONTRACTOR's intent to delegate the obligation	
25	ADMINISTRATOR not less than sixty (60) calendar day	
26	Any attempted assignment or delegation in derogation of	
27	B. CONTRACTOR may not assign the rights here	
28	prior written consent of COUNTY.	
29	1. If CONTRACTOR is a nonprofit organization	
30	any other corporate structure of CONTRACTOR, including	
31	the composition of the Board of Directors within a two	
32	assignment for purposes of this Paragraph, unless CON	
33	clinic/health center to a Federally Qualified Health Cent	
34	Government. Any attempted assignment or delegation in	
35	2. If CONTRACTOR is a for-profit organiz	
36	including but not limited to, the sale or transfer of more the	

tain unanticipated revenues as described in the RACTOR shall specify, in the Cost Report, the

shall contain the following attestation, which

"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 Cos
Report is a true, correct, and complete statement from the books and records or
(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	,

# AND SUBCONTRACTS

- is hereunder, either in whole or in part, without ΓOR shall provide written notification of s hereunder, either in whole or part, to ys prior to the effective date of the delegation. this Paragraph shall be void.
- eunder, either in whole or in part, without the
- on, any change from a nonprofit corporation to ng a change in more than fifty percent (50%) of (2) month period of time, shall be deemed an TRACTOR is transitioning from a community ter and has been so designated by the Federal derogation of this Subparagraph shall be void.
- cation, any change in the business structure, han 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 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.
- C. CONTRACTOR's obligations undertaken pursuant to this Agreement may be carried out by means of subcontracts, provided such subcontracts are approved in advance, in writing by ADMINISTRATOR, meet the requirements of this Agreement as they relate to the service or activity under subcontract, and include any provisions that ADMINISTRATOR may require.
- 1. After approval of a subcontract, ADMINISTRATOR may revoke the approval of a subcontract upon five (5) calendar days written notice to CONTRACTOR if the subcontract subsequently fails to meet the requirements of this Agreement or any provisions that ADMINISTRATOR has required.
- 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 services provided by consultants.

# VIII. EMPLOYEE ELIGIBILITY VERIFICATION

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

exist and as they may be hereafter amended. CONTRACTOR shall retain all such documentation for all covered employees, subcontractors, and consultants for the period prescribed by the law.

### IX. EQUIPMENT

- A. Unless otherwise specified in writing by ADMINISTRATOR, Equipment is defined as 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 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 are defined as Controlled Equipment. Controlled Equipment includes, but is not limited to audio/visual equipment, computer equipment, and lab equipment. The cost of Equipment purchased, in whole or in part, with funds paid pursuant to this Agreement shall be depreciated according to GAAP.
- B. CONTRACTOR shall obtain ADMINISTRATOR's prior written approval to purchase any Equipment with funds paid pursuant to this Agreement. Upon delivery of Equipment, CONTRACTOR shall forward to ADMINISTRATOR, copies of the purchase order, receipt, and other supporting documentation, which includes delivery date, unit price, tax, shipping and serial numbers. CONTRACTOR shall request an applicable asset tag for said Equipment and shall include each purchased asset in an Equipment inventory.
- C. Upon ADMINISTRATOR's prior written approval, CONTRACTOR may expense to COUNTY the cost of 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 is purchased. Title of expensed Equipment shall be vested with COUNTY.
- D. CONTRACTOR shall maintain an inventory of all Equipment purchased in whole or in part with funds paid through this Agreement, including date of purchase, purchase price, serial number, model and type of Equipment. Such inventory shall be available for review by ADMINISTRATOR, and shall include the original purchase date and price, useful life, and balance of depreciated Equipment cost, if any.
- E. CONTRACTOR shall cooperate with ADMINISTRATOR in conducting periodic physical inventories of all Equipment. Upon demand by ADMINISTRATOR, CONTRACTOR shall return any or all Equipment to COUNTY.
- F. CONTRACTOR must report any loss or theft of Equipment in accordance with the procedure approved by ADMINISTRATOR and the Notices Paragraph of this Agreement. In addition, CONTRACTOR must complete and submit to ADMINISTRATOR a notification form when items of Equipment are moved from one location to another or returned to COUNTY as surplus.

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

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

## X. FACILITIES, PAYMENTS AND SERVICES

- A. CONTRACTOR agrees to provide the services, staffing, facilities, and supplies in accordance with Exhibit A to this Agreement. COUNTY shall compensate, and authorize, when applicable, said services. CONTRACTOR shall operate continuously throughout the term of this Agreement with at least the minimum number and type of staff which meet applicable federal and state requirements, and which are necessary for the provision of the services hereunder.
- B. CONTRACTOR shall, at its own expense, provide and maintain the organizational and administrative capabilities required to carry out its duties and responsibilities under this Agreement and in accordance with all the applicable statutes and regulations pertaining to Medi-Cal Providers.

### XI. INDEMNIFICATION AND INSURANCE

- A. CONTRACTOR agrees to indemnify, defend with counsel approved in writing by COUNTY, and hold COUNTY, its elected and appointed officials, officers, employees, agents and those special districts and agencies for which COUNTY's Board of Supervisors acts as the governing Board (COUNTY INDEMNITEES) harmless from any claims, demands or liability of any kind or nature, including but not limited to personal injury or property damage, arising from or related to the services, products or other performance provided by CONTRACTOR pursuant to this Agreement. If judgment is entered against CONTRACTOR and COUNTY by a court of competent jurisdiction because of the concurrent active negligence of COUNTY or COUNTY INDEMNITEES, CONTRACTOR and COUNTY agree that liability will be apportioned as determined by the court. Neither party shall request a jury apportionment.
- B. Prior to the provision of services under this Agreement, CONTRACTOR agrees to purchase all required insurance at CONTRACTOR's expense and to submit to COUNTY the COI, including all endorsements required herein, necessary to satisfy COUNTY that the insurance provisions of this Agreement have been complied with and to maintain such insurance coverage with COUNTY during the entire term of this Agreement. In addition, all subcontractors performing work on behalf of CONTRACTOR pursuant to this Agreement shall obtain insurance subject to the same terms and conditions as set forth herein for CONTRACTOR.
- C. All SIRs and deductibles shall be clearly stated on the COI. If no SIRs or deductibles apply, indicate this on the COI with a 0 by the appropriate line of coverage. Any SIR or deductible in an

amount in excess of \$25,000 (\$5,000 for automobile liability), shall specifically be approved by the CEO/Office of Risk Management.

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

### E. QUALIFIED INSURER

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- 1. The policy or policies of insurance must be issued by an insurer licensed to do business in the state of California (California Admitted Carrier) or have 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)
- 2. If the insurance carrier is not an admitted carrier in the state of California and 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.
- F. The policy or policies of insurance maintained by CONTRACTOR shall provide the minimum limits and coverage as set forth below:

Coverage **Minimum Limits** Commercial General Liability \$1,000,000 per occurrence \$2,000,000 aggregate Automobile Liability including coverage \$1,000,000 per occurrence for owned, non-owned and hired vehicles Workers' Compensation Statutory Employers' Liability Insurance \$1,000,000 per occurrence **Professional Liability Insurance** \$1,000,000 per claims made or per occurrence Sexual Misconduct Liability \$1,000,000 per occurrence

### G. 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 Auto Liability coverage shall be written on ISO form CA 00 01, CA 00 05, CA 0012, CA 00 20, or a substitute form providing coverage at least as broad.
- H. REQUIRED ENDORSEMENTS The Commercial General Liability policy shall contain the following endorsements, which shall accompany the COI:

- 1. An Additional Insured endorsement using ISO form CG 2010 or CG 2033 or a form at least as broad naming the County of Orange, its elected and appointed officials, officers, employees, agents as Additional Insureds.
- 2. A primary 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.
- I. All insurance policies required by this Agreement shall waive all rights of subrogation against the County of Orange and members of the Board of Supervisors, its elected and appointed officials, officers, agents and employees when acting within the scope of their appointment or employment.
- J. The Workers' Compensation policy shall contain a waiver of subrogation endorsement waiving all rights of subrogation against the County of Orange, and members of the Board of Supervisors, its elected and appointed officials, officers, agents and employees.
- K. All insurance policies required by this Agreement shall give COUNTY thirty (30) calendar days' notice in the event of cancellation and ten (10) calendar days' notice for non-payment of premium. This shall be evidenced by policy provisions or an endorsement separate from the COI.
- L. If CONTRACTOR's Professional Liability policy is a "claims made" policy, CONTRACTOR shall agree to maintain professional liability coverage for two years following completion of Agreement.
- M. The Commercial General Liability policy shall contain a severability of interests clause also known as a "separation of insureds" clause (standard in the ISO CG 0001 policy).
- N. COUNTY expressly retains the right to require CONTRACTOR to increase or decrease insurance of any of the above insurance types throughout the term of this Agreement. Any increase or decrease in insurance will be as deemed by County of Orange Risk Manager as appropriate to adequately protect COUNTY.
- O. COUNTY shall notify CONTRACTOR in writing of changes in the insurance requirements. If CONTRACTOR does not deposit copies of acceptable COI's and endorsements with COUNTY incorporating such changes within thirty (30) calendar days of receipt of such notice, this Agreement may be in breach without further notice to CONTRACTOR, and COUNTY shall be entitled to all legal remedies.
- P. The procuring of such required policy or policies of insurance shall not be construed to limit CONTRACTOR's liability hereunder nor to fulfill the indemnification provisions and requirements of this Agreement, nor act in any way to reduce the policy coverage and limits available from the insurer.
  - Q. SUBMISSION OF INSURANCE DOCUMENTS
    - 1. The COI and endorsements shall be provided to COUNTY as follows:
      - a. Prior to the start date of this Agreement.
      - b. No later than the expiration date for each policy.

- c. Within thirty (30) calendar days upon receipt of written notice by COUNTY regarding changes to any of the insurance types as set forth in Subparagraph F. of the Indemnification and Insurance Paragraph of this Agreement.
- 2. The COI and endorsements shall be provided to the COUNTY at the address as referenced in the Referenced Contract Provisions of this Agreement.
- 3. If CONTRACTOR fails to submit the COI and endorsements that meet the insurance provisions stipulated in this Agreement by the above specified due dates, ADMINISTRATOR shall have sole discretion to impose one or both of the following:
- a. ADMINISTRATOR may withhold or delay any or all payments due CONTRACTOR pursuant to any and all Agreements between COUNTY and CONTRACTOR until such time that the required COI and endorsements that meet the insurance provisions stipulated in this Agreement are submitted to ADMINISTRATOR.
- b. CONTRACTOR may be assessed a penalty of one hundred dollars (\$100) for each late COI or endorsement for each business day, pursuant to any and all Agreements between COUNTY and CONTRACTOR, until such time that the required COI and endorsements that meet the insurance provisions stipulated in this Agreement are submitted to ADMINISTRATOR.
- c. If CONTRACTOR is assessed a late penalty, the amount shall be deducted from CONTRACTOR's monthly invoice.
- 4. In no cases shall assurances by CONTRACTOR, its employees, agents, including any insurance agent, be construed as adequate evidence of insurance. COUNTY will only accept valid COI's and endorsements, or in the interim, an insurance binder as adequate evidence of insurance.

### XII. INSPECTIONS AND AUDITS

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

#### C. AUDIT RESPONSE 1

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

### XIII. LICENSES AND LAWS

A. CONTRACTOR, its officers, agents, employees, 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

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- 1. CONTRACTOR agrees to furnish to ADMINISTRATOR within thirty (30) calendar days of the award of this Agreement:
- a. In the case of an individual contractor, his/her name, date of birth, social security number, and residence address;

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b. In the case of a contractor doing business in a form other than as an individual, the 1 name, date of birth, social security number, and residence address of each individual who owns an 2 interest of ten percent (10%) or more in the contracting entity; 3 c. A certification that CONTRACTOR has fully complied with all applicable federal and 4 state reporting requirements regarding its employees; 5 d. A certification that CONTRACTOR has fully complied with all lawfully served Wage 6 and Earnings Assignment Orders and Notices of Assignment, and will continue to so comply. 7 2. Failure of CONTRACTOR to timely submit the data and/or certifications required by 8 Subparagraphs 1.a., 1.b., 1.c., or 1.d. above, or to comply with all federal and state employee reporting 9 requirements for child support enforcement, or to comply with all lawfully served Wage and Earnings 10 Assignment Orders and Notices of Assignment, shall constitute a material breach of this Agreement; and 11 failure to cure such breach within sixty (60) calendar days of notice from COUNTY shall constitute 12 grounds for termination of this Agreement. 13 3. It is expressly understood that this data will be transmitted to governmental agencies 14 charged with the establishment and enforcement of child support orders, or as permitted by federal 15 and/or state statute. 16 C. CONTRACTOR shall comply with all applicable governmental laws, regulations, and 17 requirements as they exist now or may be hereafter amended or changed. These laws, regulations, and 18 requirements shall include, but not be limited to, the following: 19 1. ARRA of 2009. 20 2. WIC, Divisions 5, 6 and 9. 21 3. State of HSC, §§1250 et seq. 22 4. PC, Part 4, Title 1, Chapter 2, Article 2.5 relating to Child Abuse Reporting. 23 5. CCR, Title 9, Title 17, and Title 22. 24 6. CFR, Title 42 and Title 45. 25 7. USC Title 42. 26 8. Federal Social Security Act, Title XVIII and Title XIX. 27 9. 42 USC, Chapter 126, 12101, et seq., the Americans with Disabilities Act of 1990. 28 10. 42 USC, §114 and §§1857, et seq., the Clean Air Act. 29 11. 33 USC 84, §308 and §§1251 et seq., the Federal Water Pollution Control Act. 30 12. 31 USC 7501.70, Federal Single Audit Act of 1984. 31 13. P&Ps set forth in MHSA. 32 14. P&Ps set forth in DHCS Letters. 33 15. HIPAA privacy rule, as it may exist now, or be hereafter amended, and if applicable. 34 16. OMB Circulars A-87, A-89, A-110, A-122. 35

17. Title 22, CCR, §51009.

18. California WIC, §14100.2.

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- 19. D/MC Certification Standards for Substance Abuse Clinics, July 2004. 1 2 20. D/MC Billing Manual (March 23, 2010). 3 4 5 Management. 6 7 8 terms of this Agreement. 9 10 11 ADMINISTRATOR. 12 13 14 15 16 17 18 19 20 and electronic media such as the Internet. 21 22 23 24 25 26 27 28 29

  - 21. Federal Medicare Cost reimbursement principles and cost reporting standards.
  - 22. Orange County Medi-Cal Mental Health Managed Care Plan.
  - 23. Short Doyle/Medi-Cal Manual for the Rehabilitation Option and Targeted Case
  - D. CONTRACTOR shall at all times be capable and authorized by the State of California to provide treatment and bill for services provided to Medi-Cal eligible clients while working under the
  - E. CONTRACTOR shall make every reasonable effort to obtain appropriate licenses and/or waivers to provide Medi-Cal billable treatment services at school or other sites requested by

## XIV. <u>LITERATURE</u>, ADVERTISEMENTS, AND SOCIAL MEDIA

- A. Any written information or literature, including educational or promotional materials, distributed by CONTRACTOR to any person or organization for purposes directly or indirectly related to this Agreement must be approved at least thirty (30) days in advance and in writing by ADMINISTRATOR before distribution. For the purposes of this Agreement, distribution of written materials shall include, but not be limited to, pamphlets, brochures, flyers, newspaper or magazine ads,
- B. Any advertisement through radio, television broadcast, or the Internet, for educational or promotional purposes, made by CONTRACTOR for purposes directly or indirectly related to this Agreement must be approved in advance at least thirty (30) days and in writing by ADMINISTRATOR.
- C. If CONTRACTOR uses social media (such as Facebook, Twitter, YouTube or other publicly available social media sites) in support of the services described within this Agreement, CONTRACTOR shall develop social media P&Ps and have them available to ADMINISTRATOR upon reasonable notice. CONTRACTOR shall inform ADMINISTRATOR of all forms of social media used to either directly or indirectly support the services described within this Agreement. CONTRACTOR shall comply with COUNTY Social Media Use Policy and Procedures as they pertain to any social media developed in support of the services described within this Agreement. CONTRACTOR shall also include any required funding statement information on social media when required by ADMINISTRATOR.
- D. Any information as described in Subparagraphs A. and B. above shall not imply endorsement by COUNTY, unless ADMINISTRATOR consents thereto in writing.

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### XV. MAXIMUM OBLIGATION

The Total Maximum Obligations of COUNTY for services provided in accordance with this Agreement and the separate Maximum Obligations for Period One and Period Two are as specified in the Referenced Contract Provisions of this Agreement.

### XVI. NONDISCRIMINATION

### A. EMPLOYMENT

- 1. During the term of this Agreement, CONTRACTOR and its Covered Individuals shall not unlawfully discriminate against any employee or applicant for employment because of his/her ethnic group identification, race, religion, ancestry, color, creed, sex, marital status, national origin, age (40 and over), sexual orientation, medical condition, or physical or mental disability. 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 ethnic group identification, race, religion, ancestry, color, creed, sex, marital status, national origin, age (40 and over), sexual orientation, medical condition, or physical or mental disability.
- 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 with domestic partners, or discriminate between domestic partners and spouses of those employees, in the provision of benefits.
- 4. CONTRACTOR shall post in conspicuous places, available to employees and applicants for employment, notices from ADMINISTRATOR and/or the United States Equal Employment Opportunity Commission setting forth the provisions of the Equal Opportunity clause.
- 5. All solicitations or advertisements for employees placed by or on behalf of CONTRACTOR and/or subcontractor shall state that all qualified applicants will receive consideration for employment without regard to ethnic group identification, race, religion, ancestry, color, creed, sex, marital status, national origin, age (40 and over), sexual orientation, medical condition, or physical or mental disability. Such requirements shall be deemed fulfilled by use of the term EOE.
- 6. Each labor union or representative of workers with which CONTRACTOR and/or subcontractor has a collective bargaining agreement or other contract or understanding must post a notice advising the labor union or workers' representative of the commitments under this Nondiscrimination Paragraph and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- B. SERVICES, BENEFITS AND FACILITIES CONTRACTOR and/or subcontractor shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities

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on the basis of ethnic group identification, race, religion, ancestry, color, creed, sex, marital status, national origin, age (40 and over), sexual orientation, medical condition, or physical or mental disability in accordance with Title IX of the Education Amendments of 1972 as they relate to 20 USC §1681 - §1688; Title VI of the Civil Rights Act of 1964 (42 USC §2000d); the Age Discrimination Act of 1975 (42 USC §6101); and Title 9, Division 4, Chapter 6, Article 1 (§10800, et seq.) of the California Code of Regulations,) as applicable, and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by state law and regulations, as all may now exist or be hereafter amended or changed. For the purpose of this Nondiscrimination Paragraph, Discrimination includes, but is not limited to the following based on one or more of the factors identified above:

- 1. Denying a client or potential client any service, benefit, or accommodation.
- 2. Providing any service or benefit to a client which is different or is provided in a different manner or at a different time from that provided to other clients.
- 3. Restricting a client in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit.
- 4. Treating a client differently from others in satisfying any admission requirement or condition, or eligibility requirement or condition, which individuals must meet in order to be provided any service or benefit.
  - 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 and/or subcontractor's clients may file all complaints alleging discrimination in the delivery of services with CONTRACTOR, subcontractor, and ADMINISTRATOR, or COUNTY's Patient's Rights Office.
- 1. Whenever possible, problems shall be resolved informally and at the point of service. CONTRACTOR shall establish an internal informal problem resolution process for clients not able to resolve such problems at the point of service. Clients may initiate a grievance or complaint directly with CONTRACTOR either orally or in writing.
- 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 Patients' Rights Office at any point in the process. Clients shall be informed of their right to access the Patients' Rights Office at any time.
- 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, may file an appeal.
- 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 (42 USC 12101 et seq.), 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 1 seq., as they exist now or may be hereafter amended together with succeeding legislation. 2 E. RETALIATION – Neither CONTRACTOR nor subcontractor, nor its employees or agents shall 3 intimidate, coerce or take adverse action against any person for the purpose of interfering with rights 4 secured by federal or state laws, or because such person has filed a complaint, certified, assisted or 5 otherwise participated in an investigation, proceeding, hearing or any other activity undertaken to 6 enforce rights secured by federal or state law. 7 F. In the event of non-compliance with this Paragraph or as otherwise provided by federal and state 8 law, this Agreement may be canceled, terminated or suspended in whole or in part and CONTRACTOR 9 or subcontractor may be declared ineligible for further contracts involving federal, state or county funds. 10 11 **XVII. NOTICES** 12 A. Unless otherwise specified, all notices, claims, correspondence, reports and/or statements 13 authorized or required by this Agreement shall be effective: 14 1. When written and deposited in the United States mail, first class postage prepaid and 15 addressed as specified in the Referenced Contract Provisions of this Agreement or as otherwise directed 16 by ADMINISTRATOR; 17 2. When faxed, transmission confirmed; 18 3. When sent by Email; or 19 4. When accepted by U.S. Postal Service Express Mail, Federal Express, United Parcel 20 Service, or other expedited delivery service. 21 B. Termination Notices shall be addressed as specified in the Referenced Contract Provisions of 22 this Agreement or as otherwise directed by ADMINISTRATOR and shall be effective when faxed, 23 24 transmission confirmed, or when accepted by U.S. Postal Service Express Mail, Federal Express, United Parcel Service, or other expedited delivery service. 25 C. CONTRACTOR shall notify ADMINISTRATOR, in writing, within twenty-four (24) hours of 26 becoming aware of any occurrence of a serious nature, which may expose COUNTY to liability. Such 27 occurrences shall include, but not be limited to, accidents, injuries, or acts of negligence, or loss or 28 damage to any COUNTY property in possession of CONTRACTOR. 29 D. For purposes of this Agreement, any notice to be provided by COUNTY may be given by 30 ADMINISTRATOR. 31

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### XVIII. NOTIFICATION OF DEATH

- A. Upon becoming aware of the death of any person served pursuant to this Agreement, CONTRACTOR shall immediately notify ADMINISTRATOR.
- B. All Notifications of Death provided to ADMINISTRATOR by CONTRACTOR shall contain the name of the deceased, the date and time of death, the nature and circumstances of the death, and the name(s) of CONTRACTOR's officers or employees with knowledge of the incident.
- 1. TELEPHONE NOTIFICATION CONTRACTOR shall notify ADMINISTRATOR by telephone immediately upon becoming aware of the death due to non-terminal illness of any person served pursuant to this Agreement; provided, however, weekends and holidays shall not be included for purposes of computing the time within which to give telephone notice and, notwithstanding the time limit herein specified, notice need only be given during normal business hours.

#### 2. WRITTEN NOTIFICATION

- a. NON-TERMINAL ILLNESS CONTRACTOR shall hand deliver, fax, and/or send via encrypted email to ADMINISTRATOR a written report within sixteen (16) hours after becoming aware of the death due to non-terminal illness of any person served pursuant to this Agreement.
- b. TERMINAL ILLNESS CONTRACTOR shall notify ADMINISTRATOR by written report hand delivered, faxed, sent via encrypted email, and/or postmarked and sent via U.S. Mail within forty-eight (48) hours of becoming aware of the death due to terminal illness of any person served pursuant to this Agreement.
- 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.

### XIX. NOTIFICATION OF PUBLIC EVENTS AND MEETINGS

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

### XX. RECORDS MANAGEMENT AND MAINTENANCE

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

- 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 and/or CHPP. 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 and implement written record management procedures.
- D. CONTRACTOR shall ensure appropriate financial records related to cost reporting, expenditure, revenue, billings, etc., are prepared and maintained accurately and appropriately.
- E. CONTRACTOR shall ensure all appropriate state and federal standards of documentation, preparation, and confidentiality of records related to participant, client and/or patient records are met at all times.
- F. CONTRACTOR shall ensure all HIPAA (DRS) requirements are met. HIPAA requires that clients, participants and/or patients be provided the right to access or receive a copy of their DRS and/or request addendum to their records. Title 45 CFR §164.501, defines DRS as a group of records maintained by or for a covered entity that is:
- 1. The medical records and billing records about individuals maintained by or for a covered health care provider;
- 2. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
  - 3. Used, in whole or in part, by or for the covered entity to make decisions about individuals.
- G. CONTRACTOR may retain participant, client, and/or patient documentation electronically in accordance with the terms of this Agreement and common business practices. If documentation is retained electronically, CONTRACTOR shall, in the event of an audit or site visit:
- 1. Have documents readily available within forty-eight (48) hour notice of a scheduled audit or site visit.
- 2. Provide auditor or other authorized individuals access to documents via a computer terminal.
- 3. Provide auditor or other authorized individuals a hardcopy printout of documents, if requested.
- H. CONTRACTOR shall ensure compliance with requirements pertaining to the privacy and security of PII and/or PHI. CONTRACTOR shall notify COUNTY immediately by telephone call plus email or fax upon the discovery of a Breach of unsecured PHI and/or PII.
- I. CONTRACTOR may be required to pay any costs associated with a Breach of privacy and/or security of PII and/or PHI, including but not limited to the costs of notification. CONTRACTOR shall pay any and all such costs arising out of a Breach of privacy and/or security of PII and/or PHI.

- J. CONTRACTOR shall retain all participant, client, and/or patient medical records for seven (7) years following discharge of the participant, client and/or patient, with the exception of non-emancipated minors for whom records must be kept for at least one (1) year after such minors have reached the age of eighteen (18) years, or for seven (7) years after the last date of service, whichever is longer.
- K. CONTRACTOR shall retain all financial records for a minimum of seven (7) years from the commencement of the contract, unless a longer period is required due to legal proceedings such as litigations and/or settlement of claims.
- L. CONTRACTOR shall make records pertaining to the costs of services, participant fees, charges, billings, and revenues available at one (1) location within the limits of the County of Orange.
- M. If CONTRACTOR is unable to meet the record location criteria above, ADMINISTRATOR may provide written approval to CONTRACTOR to maintain records in a single location, identified by CONTRACTOR.
- N. CONTRACTOR may be required to retain all records involving litigation proceedings and settlement of claims for a longer term which will be directed by the ADMINISTRATOR.
- O. CONTRACTOR shall notify ADMINISTRATOR of any PRA requests related to, or arising out of, this Agreement, within forty-eight (48) hours. CONTRACTOR shall provide ADMINISTRATOR all information that is requested by the PRA request.

## XXI. RESEARCH AND PUBLICATION

CONTRACTOR shall not utilize information and data received from COUNTY or developed as a result of this Agreement for the purpose of personal publication.

### XXII. REVENUE

- A. CLIENT FEES CONTRACTOR shall charge, unless waived by ADMINISTRATOR, a fee to clients to whom billable services, other than those amounts reimbursed by Medicare, Medi-Cal or other third party health plans, are provided pursuant to this Agreement, their estates and responsible relatives, according to their ability to pay as determined by the DHCS' UMDAP procedure or by other payment procedure as approved in advance, and in writing by ADMINISTRATOR; and in accordance with Title 9 of the CCR. Such fee shall not exceed the actual cost of services provided. No client shall be denied services because of an inability to pay.
- B. THIRD-PARTY REVENUE CONTRACTOR shall make every reasonable effort to obtain all available third-party reimbursement for which persons served pursuant to this Agreement may be eligible. Charges to insurance carriers shall be on the basis of CONTRACTOR's usual and customary charges.
- C. PROCEDURES CONTRACTOR shall maintain internal financial controls which adequately ensure proper billing and collection procedures. CONTRACTOR's procedures shall specifically provide for the identification of delinquent accounts and methods for pursuing such accounts. CONTRACTOR

shall provide ADMINISTRATOR, monthly, a written report specifying the current status of fees which are billed, collected, transferred to a collection agency, or deemed by CONTRACTOR to be uncollectible.

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

XXIII. RIGHT TO WORK AND MINIMUM WAGE LAWS

A. In accordance with the United States Immigration Reform and Control Act of 1986, CONTRACTOR shall require its employees directly or indirectly providing service pursuant to this Agreement, in any manner whatsoever, to verify their identity and eligibility for employment in the United States. CONTRACTOR shall also require and verify that its contractors, subcontractors, or any other persons providing services pursuant to this Agreement, in any manner whatsoever, verify the identity of their employees and their eligibility for employment in the United States.

- B. Pursuant to the United States of America Fair Labor Standard 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 employees that directly or indirectly provide services pursuant to this Agreement, in any manner whatsoever. CONTRACTOR shall require and verify that all its contractors or other persons providing services pursuant to this Agreement on behalf of CONTRACTOR also pay their employees no less than the greater of the federal or California Minimum Wage.
- C. CONTRACTOR shall comply and verify that its contractors 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.
- D. 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 exists or may hereafter be amended.

#### XXIV. SEVERABILITY

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

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1	XXV. SPECIAL PROVISIONS
2	A. CONTRACTOR shall not use the funds provided by means of this Agreement for the following
3	purposes:
4	1. Making cash payments to intended recipients of services through this Agreement.
5	2. Lobbying any governmental agency or official. CONTRACTOR shall file all certifications
6	and reports in compliance with this requirement pursuant to Title 31, USC, §1352 (e.g., limitation on use
7	of appropriated funds to influence certain federal contracting and financial transactions).
8	3. Fundraising.
9	4. Purchase of gifts, meals, entertainment, awards, or other personal expenses for
10	CONTRACTOR's staff, volunteers, or members of the Board of Directors.
11	5. Reimbursement of CONTRACTOR's members of the Board of Directors for expenses or
12	services.
13	6. Making personal loans to CONTRACTOR's staff, volunteers, interns, consultants,
14	subcontractors, and members of the Board of Directors or its designee or authorized agent, or making
15	salary advances or giving bonuses to CONTRACTOR's staff.
16	7. Paying an individual salary or compensation for services at a rate in excess of the current
17	Level I of the Executive Salary Schedule as published by the OPM. The OPM Executive Salary
18	Schedule may be found at www.opm.gov.
19	8. Severance pay for separating employees.
20	9. Paying rent and/or lease costs for a facility prior to the facility meeting all required building
21	codes and obtaining all necessary building permits for any associated construction.
22	10. Supplanting current funding for existing services.
23	B. Unless otherwise specified in advance and in writing by ADMINISTRATOR, CONTRACTOR
24	shall not use the funds provided by means of this Agreement for the following purposes:
25	1. Funding travel or training (excluding mileage or parking).
26	2. Making phone calls outside of the local area unless documented to be directly for the
27	purpose of client care.
28	3. Payment for grant writing, consultants, certified public accounting, or legal services.
29	4. Purchase of artwork or other items that are for decorative purposes and do not directly
30	contribute to the quality of services to be provided pursuant to this Agreement.
31	5. Purchasing or improving land, including constructing or permanently improving any
32	building or facility, except for tenant improvements.
33	6. Providing inpatient hospital services or purchasing major medical equipment.
34	7. Satisfying any expenditure of non-federal funds as a condition for the receipt of federal
35	funds (matching).
36	8. Purchase of gifts, meals, entertainment, awards, or other personal expenses for
37	CONTRACTOR's clients.

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XXVI. STATUS OF CONTRACTOR

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

XXVII. TERM

- A. The term of this Agreement shall commence and terminate as specified in the Referenced Contract Provisions of this Agreement, unless otherwise sooner terminated as provided in this Agreement; provided, however, CONTRACTOR shall be obligated to perform such duties as would normally extend beyond this term, including but not limited to, obligations with respect to confidentiality, indemnification, audits, reporting and accounting.
- B. Any administrative duty or obligation to be performed pursuant to this Agreement on a weekend or holiday may be performed on the next regular business day.

XXVIII. TERMINATION

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

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- 5. The loss of accreditation or any license required by the Licenses and Laws Paragraph of this Agreement.
- 6. The continued incapacity of any physician or licensed person to perform duties required pursuant to this Agreement.
- 7. Unethical conduct or malpractice by any physician or licensed person providing services pursuant to this Agreement; provided, however, COUNTY may waive this option if CONTRACTOR removes such physician or licensed person from serving persons treated or assisted pursuant to this Agreement.

#### D. CONTINGENT FUNDING

- 1. Any obligation of COUNTY under this Agreement is contingent upon the following:
- a. The continued availability of federal, state and county funds for reimbursement of COUNTY's expenditures, and
- b. Inclusion of sufficient funding for the services hereunder in the applicable budget approved by the Board of Supervisors.
- 2. In the event such funding is subsequently reduced or terminated, COUNTY may suspend, terminate or renegotiate this Agreement upon thirty (30) calendar days written notice given CONTRACTOR. If COUNTY elects to renegotiate this Agreement due to reduced or terminated funding, CONTRACTOR shall not be obligated to accept the renegotiated terms.
- E. In the event this Agreement is suspended or terminated prior to the completion of the term as specified in the Referenced Contract Provisions of this Agreement, ADMINISTRATOR may, at its sole discretion, reduce the Maximum Obligation of this Agreement in an amount consistent with the reduced term of the Agreement.
- F. In the event this Agreement is terminated by either party pursuant to Subparagraphs B., C. or D. above, CONTRACTOR shall do the following:
- 1. Comply with termination instructions provided by ADMINISTRATOR in a manner which is consistent with recognized standards of quality care and prudent business practice.
- 2. Obtain immediate clarification from ADMINISTRATOR of any unsettled issues of contract performance during the remaining contract term.
- 3. Until the date of termination, continue to provide the same level of service required by this Agreement.
- 4. If clients are to be transferred to another facility for services, furnish ADMINISTRATOR, upon request, all client information and records deemed necessary by ADMINISTRATOR to effect an orderly transfer.
- 5. Assist ADMINISTRATOR in effecting the transfer of clients in a manner consistent with client's best interests.
- 6. If records are to be transferred to COUNTY, pack and label such records in accordance with directions provided by ADMINISTRATOR.

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- 7. Return to COUNTY, in the manner indicated by ADMINISTRATOR, any equipment and supplies purchased with funds provided by COUNTY.
- 8. To the extent services are terminated, cancel outstanding commitments covering the procurement of materials, supplies, equipment, and miscellaneous items, as well as outstanding commitments which relate to personal services. With respect to these canceled commitments, CONTRACTOR shall submit a written plan for settlement of all outstanding liabilities and all claims arising out of such cancellation of commitment which shall be subject to written approval of ADMINISTRATOR.
- 9. Provide written notice of termination of services to each client being served under this Agreement, within fifteen (15) calendar days of receipt of termination notice. A copy of the notice of termination of services must also be provided to ADMINISTRATOR within the fifteen (15) calendar day period.
- G. The rights and remedies of COUNTY provided in this Termination Paragraph shall not be exclusive, and are in addition to any other rights and remedies provided by law or under this Agreement.

## XXIX. THIRD PARTY BENEFICIARY

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

# XXX. WAIVER OF DEFAULT OR BREACH

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

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	ON CENTED INC
ORANGE COUNTY CHILD ABUSE PREVENTI	ON CENTER, INC.
BY:	DATED:
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TITLE:	
COUNTY OF ORANGE	
BY:	DATED:
HEALTH CARE AGENCY	
APPROVED AS TO FORM	
OFFICE OF THE COUNTY COUNSEL	
ORANGE COUNTY, CALIFORNIA	
3Y:	DATED:
DEPUTY	DATED

1	EXHIBIT A
2	TO AGREEMENT FOR PROVISION OF
3	CHILDREN'S IN-HOME CRISIS STABILIZATION SERVICES
4	BETWEEN
5	COUNTY OF ORANGE
6	AND
7	ORANGE COUNTY CHILD ABUSE PREVENTION CENTER, INC.
8	JULY 1, 2013 THROUGH JUNE 30, 2015
9	
10	I. <u>DEFINITIONS</u>
11	The following standard definitions are for reference purposes only and may or may not apply in their
12	entirety throughout the Agreement. The parties agree to the following terms and definitions, and to those
13	terms and definitions which, for convenience, are set forth elsewhere in the Agreement.
14	A. Active and Ongoing Case Load means documentation, by CONTRACTOR, for completion o
15	entry and evaluation services provided to clients into COUNTY's IRIS Documentation also includes
16	level, frequency, and duration of services received by clients, and these services must be consistent with
17	clients' level of impairments as well as treatment goals. In addition, services are to be individualized
18	and solution-focused, using evidenced-based practices.
19	B. Administrative Support means individual(s) who is/are responsible for providing a broad range
20	of office support to program and management staff that includes: answering and directing phone calls
21	writing correspondences, entering data in spreadsheets, preparing invoices for payment, maintaining
22	tracking reports and files, and working on special projects, as assigned.
23	C. Admission means documentation, by CONTRACTOR, for completion of entry and evaluation
24	services provided to clients into IRIS.
25	D. <u>Care Coordinator</u> means an individual with a Bachelor's degree in human services or related
26	field who will be responsible for developing and leading the Family Team and guiding the evolution of a
27	POC for a client.
28	E. <u>Client</u> means any individual, referred or enrolled, for services under the Agreement who is
29	living with mental, emotional, or behavioral disorders.
30	F. <u>Clinical Director</u> means an individual who is responsible for the day-to-day clinical services o
31	the program, meets the minimum requirements set forth in Title 9, CCR, and has at least two (2) years o
32	full-time professional experience working with children and/or TAY in a mental health setting.
33	G. <u>Crisis Intervention</u> means a service, lasting less than twenty-four (24) hours that is provided to
34	or on the behalf of a client for a condition that requires more timely response than a regularly scheduled
35	visit. Service activities may include, but are not limited to: assessment, individual therapy, collatera
36	therapy, family therapy, case management, and psychiatric evaluation.
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- H. <u>CRS</u> means an alternative to providing acute psychiatric hospital services for individuals who otherwise would require hospitalization.
- I. <u>Diagnosis</u> means identifying the nature of a client's disorder. When formulating the diagnosis of client, CONTRACTOR shall use the diagnostic codes and axes as specified in the most current edition of the Diagnostic and DSM published by the American Psychiatric Association. DSM diagnoses will be recorded on all IRIS documents, as appropriate.
- J. <u>DSH</u> means the time, measured in hours and portions of hours, that a clinician spends providing services to clients or significant others on behalf of clients. DSH credit, both billable and non-billable minutes, is obtained by providing mental health, case management, medication support, and crisis intervention services to clients open in IRIS.
- K. <u>EPSDT</u> means the State of California's implementation of the Federal child health component of Medicaid program which provides physical, mental and developmental health services for children and young adults.
- L. <u>Family Resource Center Services</u> means Mental Health Services provided to clients that are actively enrolled at the COUNTY's SSA's FRC. FRC is a consortium of agencies providing human services in a single site and under the auspices of SSA.
- M. <u>FSP</u> means a program model described in the COUNTY's MHSA plan that has been approved by the state. The MHSA plan describes how the COUNTY will utilize MHSA funds to develop and implement treatment plans for mental health Clients through FSPs. A FSP is an evidence-based and strength-based model with the focus on the individual rather than the disease.
- N. <u>Head of Service</u> means an individual ultimately responsible for overseeing the program and is required to be licensed as a mental health professional.
- O. <u>Intake</u> means the initial meeting between a client and CONTRACTOR's staff, and includes an evaluation of the client to determine if the client meets program criteria and is willing to seek services.
- P. <u>IRIS</u> means the COUNTY's database system that collects clients' information such as registration, scheduled appointments, laboratory information system, invoice and reporting capabilities, compliance with regulatory requirements, electronic medical records, and other relevant applications.
- Q. <u>Licensed CSW</u> means a licensed individual, pursuant to the provisions of Chapter 14 of the California Business and Professions Code, who can provide clinical services to clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.
- R. <u>Licensed MFT</u> means a licensed individual, pursuant to the provisions of Chapter 13 of the California Business and Professions Code, pursuant to the provisions of Chapter 14 of the California Business and Professions Code, who can provide clinical services to clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.

- S. <u>LPT</u> means a licensed individual, pursuant to the provisions of Chapter 10 of the California Business and Professions Code, who can provide clinical services to clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.
- T. <u>Licensed Psychologist</u> means a licensed individual, pursuant to the provisions of Chapter 6.6 of the California Business and Professions Code, who can provide clinical services to clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.
- U. <u>LVN</u> means a licensed individual, pursuant to the provisions of Chapter 6.5 of the California Business and Professions Code, who can provide clinical services to clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and Transitional Age Group.
- V. <u>Live Scan</u> means an inkless, electronic fingerprint which is transmitted directly to the Department of Justice (DOJ) for the completion of a criminal record check, typically required of employees who have direct contact with clients.
- W. <u>Medi-Cal</u> means the State of California's implementation of the Medicaid health care program which pays for a variety of medical services for children and adults who meet eligibility criteria for these services.
- X. <u>Medical Necessity</u> means diagnosis, impairment, and intervention related criteria as defined in the COUNTY MHP under Medical Necessity for Medi-Cal reimbursed Specialty Mental Health Services.
- Y. <u>Medication Services</u> means face-to-face or telephone services provided by a licensed physician, registered nurse, or other qualified medical staff. This service includes evaluation and documentation of the clinical justification for use of the medication, dosage, side effects, compliance, and response of the client to medication.
- Z. Mental Health Services means an individual or a group therapy and intervention being provided to clients that is designed to reduce mental disability and restores or improves daily functioning. These Mental Health Services must be consistent with goals of learning and development, as well as independent living and enhanced self-sufficiency. In addition, these services cannot be provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to: assessment, plan development, rehabilitation, and collateral. Also, Mental Health Services may be either Face-to-Face Contact, or by telephone with clients or significant support individuals, and services may be provided anywhere in the community.
- 1. <u>Assessment</u> means a service activity, which may include a clinical analysis of the history and current status of a client's mental, emotional, behavioral disorder, and relevant cultural issues.

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The Assessment also needs to include history of services being provided, diagnosis, and use of testing procedures.

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

be approved by ADMINISTRATOR. ADMINISTRATOR has to approve individuals that are delivering these intervention services to ensure they are qualified to deliver these services.

- 9. Therapy means a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to a client or a group of clients, which may include family therapy with client being present.
- AA. <u>MHSA</u> means the State of California law that provides funding for expanded community mental health services. It is also known as "Proposition 63."
- AB. <u>Mental Health Worker</u> means an individual who has obtained a Bachelor's degree in a mental health field or has a high school diploma along with two (2) years of experience delivering services in a mental health field.
- AC. <u>NPI</u> means the standard unique health identifier that was adopted by the Secretary of HHS under HIPAA of 1996 for health care providers. All HIPAA covered healthcare providers, individuals, and organizations must obtain an NPI for use to identify themselves in HIPAA standard transactions. The NPI is assigned for life.
- AD. <u>NOA-A</u> means a Medi-Cal requirement that informs the beneficiary that she/he is not entitled to any specialty mental health service. The COUNTY has expanded the requirement for an NOA-A to all beneficiaries requesting an assessment for services and found not to meet the Medical Necessity criteria for specialty mental health services.
- AE. <u>NPP</u> means a document that notifies clients of uses and disclosures of PHI. The NPP may be made by, or on behalf of, the health plan or health care provider as set forth in the of 1996 HIPAA.
- AF. <u>Outreach</u> means linking potential clients to appropriate mental health services within the community. Outreach activities will include educating the community about the services offered and requirements for participation in the programs. Such activities may result in the CONTRACTOR developing referral sources for clients from various programs being offered within the community.
- AG. <u>PBM Company</u> means a company contracted by the COUNTY that manages the medication benefits for BHS and MIHS clients that are qualified for medication benefits.
- AH. <u>Pre-Licensed Psychologist</u> means an individual who has a Ph.D. or Psy.D. in Clinical Psychology and is registered with the Board of Psychology as a Registered Psychologist or Psychological Assistant, while acquiring hours for licensing and providing services under a waiver in accordance with WIC section 575.2. The waiver may not exceed five (5) years.
- AI. <u>Pre-Licensed Therapist</u> means an individual who has a Master's Degree in social work or MFT, PCC and is registered with the BBS as an associate clinical social worker, PCC intern, or MFT intern, while acquiring hours for licensing. Registration is subject to regulations adopted by BBS.
- AJ. <u>Program Director</u> means an individual who is responsible for all aspects of administration and clinical operations of the mental health program, including development and adherence to the annual budget. This individual will also be responsible for the following: hiring, development and performance

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management of professional and support staff, and ensuring mental health treatment services are provided in concert with local and state rules and regulations.

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

- AL. <u>Psychiatrist</u> means an individual who meets the minimum professional and licensure requirements set forth in Title 9, CCR, Section 623, and, preferably, has at least one (1) year of experience treating children and TAY.
- AM. <u>Psychology Student or Psychology Intern</u> means an individual who is in school pursuing a Ph.D. or Psy.D. in Clinical Psychology, and may or may not meet the criteria for a DHCS Waiver in order to provide services in accordance with DHCS Information Letter No. 10-03. The waiver may not exceed (5) years.
- AN. <u>QIC</u> means a committee that meets quarterly to review one percent (1%) of all "high-risk" Medi-Cal clients in order to monitor and evaluate the quality and appropriateness of services provided. At a minimum, the committee is comprised of ADMINSTRATOR, one (1) clinician, and one (1) physician who are not involved in the clinical care of the cases.
- AO. <u>Referral</u> means effectively linking clients to other services within the community and documenting follow-up provided within five (5) business days to assure that clients have made contact with the referred service(s).
- AP. <u>Registered Nurse</u> means a licensed individual, pursuant to the provisions of Chapter 6 of the California Business and Professions Code, who can provide clinical services to clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.
- AQ. <u>Student Intern</u> means student(s) currently enrolled in an accredited graduate or undergraduate program and is/are accumulating supervised work experience hours as part of field work, internship, or practicum requirements. Acceptable programs include all programs that assist students in meeting the educational requirements to be a Licensed MFT, a LCSW, a Licensed Clinical Psychologist, a Licensed PCC, or to obtain a Bachelor's degree. Individuals with graduate degrees and have two (2) years of full-time experience in a mental health setting, either post-degree or as part of the program leading to the graduate degree, are not considered as students.
- AR. <u>Supervisory Review</u> means ongoing clinical case reviews in accordance with procedures developed by COUNTY to determine the appropriateness of the diagnosis and treatment plan for clients, as well as to monitor compliance to the minimum ADMINISTRATOR and Medi-Cal charting standards. Supervisory review is conducted by the program/clinic director or designee.

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- AS. <u>Token</u> means the security device which allows an end-user to access the ADMINISTRATOR's computer based IRIS.
- AT. <u>UMDAP</u> means the method used for determining the annual client liability for mental health services received from the COUNTY mental health system and is set by the State of California.
- AU. <u>WOC</u> means the wraparound program administered by the COUNTY SSA and is available to children and transitional age youth who are returning from or being considered for placement in group homes.

## II. BUDGET

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

	PERIOD ONE	PERIOD TWO	<del>TOTAL</del>
ADMINISTRATIVE COST			
— Salaries	<del>\$ 54,522</del>	<del>\$ 54,522</del>	<del>\$ 109,044</del>
— Benefits	<del>9,269</del>	<del>9,269</del>	<del>18,538</del>
TOTAL ADMINISRATIVE COST	<del>\$ 63,791</del>	\$ 63, <del>791</del>	<del>\$ 127,582</del>
PROGRAM COST			
— Salaries	<del>\$621,981</del>	<del>\$621,981</del>	<del>\$1,243,962</del>
— Benefits	<del>101.250</del>	<del>101.250</del>	<del>202,500</del>
— Services and Supplies	<del>-118,290</del>	<del>-118,290</del>	<del>- 236,580</del>
SUBTOTAL PROGRAM COST	<del>\$841,521</del>	\$841,521	<del>\$1,683,042</del>
TOTAL GROSS COST	<del>\$905,312</del>	<del>\$905,312</del>	<del>\$1,810,624</del>
REVENUE			
<del>- Federal Medi-Cal</del>	<del>\$230,908</del>	<del>\$230,908</del>	<del>\$ 461,816</del>
— EPSDT Realignment	<del>188,924</del>	<del>188,924</del>	<del>377,848</del>
— MHSA Discretionary	<del>485,480</del>	<u>-485,480</u>	<del>970,960</del>
TOTAL REVENUE	<del>\$905,312</del>	<del>\$905,312</del>	<del>\$1,810,624</del>
TOTAL MAXIMUM OBLIGATION	\$ <del>905,312</del>	<del>\$905,312</del>	<del>\$1,810,624</del>

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

1		PERIOD ONE	PERIOD TWO
2	ADMINISTRATIVE COST		
3	Salaries	\$ 102,765	\$ 151,008
4	Benefits	18,875	27,936
5	TOTAL ADMINISRATIVE COST	\$ 121,640	\$ 178,944
6			
7	PROGRAM COST		
8	<u>Salaries</u>	\$ 816,129	\$1,006,326
9	Benefits	149,419	186,170
10	Services and Supplies	<u>150,048</u>	<u>197,720</u>
11	One Time Expansion	36,980	0
12	SUBTOTAL PROGRAM COST	<u>\$1,152,576</u>	<u>\$1,390,216</u>
13	TOTAL GROSS COST	\$1,274,216	\$1,569,160
14	TOTAL ORGAN CONT	<u> </u>	<u>\$1,505,100</u>
15	REVENUE		
16	Federal Medi-Cal	\$ 395,007	\$ 486,440
17	MHSA Discretionary	879,209	1,082,720
18	TOTAL REVENUE	\$1,274,216	\$1,569,160
19			
20	TOTAL MAXIMUM OBLIGATION	<u>\$1,274,216</u>	\$1,569,160
21	D. CONTED A CITOD	. C.I. EDGDE	
22	B. CONTRACTOR agrees that the amo		-
23	time be greater than, the amount of Federa	I Medi-Cal actually	y generated by COI
24	authorized by ADMINISTRATOR.		
25	C. The total cost of services provided	· ·	•
26	generation and shall be reimbursed by		
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- upon, and shall at no NTRACTOR, unless
- on projected revenue COUNTY revenues. CONTRACTOR agrees that if actual Federal Medi-Cal and EPSDT reimbursement, based upon the completed State Department of Mental Health Cost Report for Fiscal Year 2013-14, is less than the Maximum Obligation of this Agreement, the Maximum Obligation may, at ADMINISTRATOR's sole discretion, be adjusted down by the amount of under generated Federal Medi-Cal and/or EPSDT revenue.
- D. 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 shall be utilized exclusively to provide mental health services. ADMINISTRATOR may, at its sole discretion, approve any such retention of revenues. Approval by ADMINISTRATOR shall be in writing to CONTRACTOR and shall specify the amount of said revenues to be retained and

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TOTAL

253,773 46,811 300,584

\$1,822,455 335,589 347,768 36,980

\$2,542,792

\$2,843,376

881,447 1,961,929 \$2,843,376

\$2,843,376

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.

E. BUDGET/STAFFING MODIFICATIONS - CONTRACTOR shall make written application to ADMINISTRATOR, in advance, 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 shall include a justification narrative specifying the purpose of the request, the amount of said funds to be shifted, and the sustaining 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 generally accepted principles of accounting, and Medicare regulations. The client eligibility determination and fee charged to and collected from clients, together with a record of all billings rendered and revenues received from any source, on behalf of clients treated pursuant to this 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, at the provisional amount of \$75,443 per month for Period One and Period Two. All payments are interim payments only, and 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; provided, however, the total of such payments does not exceed the Maximum Obligation as stated 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.

A. COUNTY shall pay CONTRACTOR monthly, in arrears, at the provisional amount of \$75,443 per month for July 2013 through December 2013 of Period One; \$136,927 per month for January 2014

through June 2014 of Period One and the amount of \$130,764 per month for Period Two. All payments are interim payments only, and 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; provided, however, the total of such payments does not exceed the Maximum Obligation as stated 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 billing, CONTRACTOR shall submit a monthly 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 the Payments Paragraph, Subparagraphs A.2. and A.3. of this Exhibit A to the Agreement.
- 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 and the year-to-date actual cost incurred or 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 billed by CONTRACTOR.
- B. CONTRACTOR's invoice 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) day of the 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 twenty-one (21) calendar days after receipt of the correctly completed invoice form.
- C. All billings to COUNTY shall be supported, at CONTRACTOR's facility, by source documentation including, but not limited to, ledgers, journals, time sheets, invoices, bank statements, cancelled checks, receiving records, 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.

1	F. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
2	Payments Paragraph of this Exhibit A to the Agreement.
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4	IV. <u>SERVICES</u>
5	— A. FACILITIES
6	1. CONTRACTOR shall maintain one (1) facility which meets the minimum requirements for
7	Medi-Cal eligibility for the provision of Crisis Residential Services for Children at the following
8	location or any other location approved by ADMINISTRATOR:
9	——————————————————————————————————————
10	——————————————————————————————————————
11	A. FACILITIES
12	1. CONTRACTOR shall maintain at a minimum one (1) facility which meets the minimum
13	requirements for Medi-Cal eligibility for the provision of Mental Health Services for Children including
14	Crisis Intervention Services at the following location or any other location approved by
15	ADMINISTRATOR:
16	500 S. Main St., Suite 1100
17	<u>Orange, CA 92808</u>
18	2. CONTRACTOR shall provide Clients and/or their family members twenty-four (24) hours
19	a day, seven (7) days a week, and three hundred and sixty-five (365) days a year access to their assigned
20	Family Stabilization Team or a designee acceptable to ADMINISTRATOR.
21	a. CONTRACTOR's administrative staff holiday schedule shall be consistent with
22	COUNTY's holiday schedule unless otherwise approved in advance and in writing, by
23	ADMINISTRATOR.
24	b. CONTRACTOR shall maintain regularly scheduled service hours of five (5) days a
25	week throughout the year and maintain the capacity to provide services twenty-four (24) hours a day,
26	seven (7) days a week, and three hundred and sixty-five (365) days per year. Services should be adapted
27	to accommodate Client needs during after-school hours on weekdays, and on weekends, if necessary.
28	Services should be provided in a manner that would accommodate those Clients that may be unable to
29	participate during regular business hours.
30	3. Upon ADMINISTRATOR's certification of the provider's existing site, the
31	CONTRACTOR shall be responsible for making any necessary changes to meet Medi-Cal site
32	standards.
33	B. IN-HOME CRISIS STABILIZATION SERVICES - CRS are provided in normalized living
34	environments, integrated into residential communities and are less expensive than acute psychiatric
35	hospitals. The CRS programs follow a social rehabilitation model that integrates aspects of emergency
36	psychiatric care, psychosocial rehabilitation, milieu therapy, case management, and practical social
37	work.

- 1. CONTRACTOR shall deliver in-home crisis stabilization services to severely emotionally ill children and their families identified by ADMINISTRATOR as eligible for these services.
- 2. CONTRACTOR shall assess potential Clients meeting the following criteria unless written exception is granted by ADMINISTRATOR:
  - a. Orange County residents.
- b. displaying behaviors or a history indicative of being seriously emotionally ill as defined by the California Welfare and Institutions Code 5000.3.
  - c. between the ages of zero (0) through eighteen (18) and their families.
  - d. at risk of hospitalization and/or out-of home placement.
  - e. unserved or underserved because of linguistic or cultural isolation.
- 3. CONTRACTOR shall engage the child and the child's family in the home whenever possible.
- 4. CONTRACTOR shall provide an In-Home Crisis Stabilization Program through a three-phase model. The initial phase shall include assessments of the severely emotionally ill child and family, with the goal of identifying short-term or immediate needs as well as de-escalation of the child and family. The In-Home Crisis Stabilization Program shall form a team consisting of a mental health worker and a mental health professional that shall develop a service plan with input from the child and the child's family. During phase two, the team shall be responsible for ensuring the family is developing appropriate coping skills and developing the family's support systems, while promoting open communication among family members. The goal of phase three shall be to prepare the child and the child's family for progression toward long-term resolution and treatment.
- 5. CONTRACTOR will coordinate referrals with other existing wraparound and mental health services to ensure that all Clients and their families are given access to the most appropriate level and type of services. Other services may include WOC, MHSA FSP programs for TAY or adults, and other COUNTY mental health services.
- 6. CONTRACTOR shall not refuse Client referrals if CONTRACTOR has available space and appropriate staffing to take additional Clients, unless otherwise approved by ADMINISTRATOR.
  - 7. CONTRACTOR shall provide contact within two (2) hours of Client's referral for services.
- 8. CONTRACTOR shall ensure that all clinical documentation is completed promptly and is reflected on the Client's chart within 24 hours after the completion of services.
- 9. CONTRACTOR shall review the financial status of all enrollees using the UMDAP, unless otherwise approved in writing by COUNTY.
- 10. CONTRACTOR shall maximize collection of Medi-Cal and other third party payers whenever appropriate and follow all state and COUNTY procedures for doing so.
- 11. CONTRACTOR shall accept referrals from and make referrals to the various MHSA programs, as appropriate. CONTRACTOR shall coordinate referrals with other existing mental health services and wraparound services, to ensure that Clients and their families are given access to the most

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appropriate level and type of service. Other services may include WOC, MHSA FSP programs for TAY 1 or adults, and other COUNTY mental health services. 2 12. CONTRACTOR shall conduct Supervisory Review at sixty (60) calendar day and six (6) 3 month intervals, in accordance with procedures developed by ADMINISTRATOR. CONTRACTOR 4 shall ensure that all chart documentation complies with all federal, state and local guidelines and 5 standards. 6 C. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the 7 Services Paragraph of this Exhibit A to the Agreement. 8 9 // 10 11 // 12 // 13 14 // 15 16 // 17 18 |// 19 20 | // // 21 22 // 23 24 25 // // 26 27 // // 28 29 30 // 31 // 32 33 // 34 35 // // 36 37

1	V. <u>STAFFING</u>	
2	A. CONTRACTOR shall, at a minimum, provide the fol	lowing staffing pattern expressed in
3	Full-Time Equivalents (FTEs) continuously throughout the term of	of the Agreement. One (1) FTE shall
4	be equal to an average of forty (40) hours work per week to provide	e services.
5		
6	DIRECT ADMINISTRATION	<u>FTE</u>
7	Executive Director	0.09
8	VP Program Operations	0.09
9	Director of Finance and Operations	0.09
10	Communications Manager	0.09
11	Payroll And Accounting Spec.	0.09
12	HR Manager	0.09
13	IT Administrator	0.09
14	Office Manager	0.09
15	Receptionist	0.09
16	Executive Assistant	<u>0.09</u>
17	SUBTOTAL DIRECT ADMINISTRATION	0.90
18	PROGRAM ADMINISTRATION	
19	Program Director	1.00
20	Program Supervisor	1.00
21	Quality Assurance Coordinator	1.00
22	Billing Coordinator	1.00
23	Program Dev. and Support Spec.	0.09
24	VP Program Operations	0.06
25	Director of Family Services	0.04
26	SUBTOTAL PROGRAM ADMIN	4.19
27		
28	DIRECT PROGRAM	
29	Mental Health Professional	5.00
30	Mental Health Worker	3.00
31	On-Call	1.00
32	SUBTOTAL DIRECT PROGRAM	9.00
33 34	TOTAL PROGRAM	13.19
34 35	TOTALTROOKAM	13.17
35 36	TOTAL FTEs	14.09
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- B. CONTRACTOR shall have as Head of Service a licensed mental health professional, in conformance to one of the following staff categories: Psychiatrist, Psychologist, Social Worker, Marriage and Family Therapist, Registered Nurse, Licensed Vocational Nurse, Psychiatric Technician.
- C. 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 nonbilingual staff. Salary savings resulting from such vacant positions may not be used to cover costs other than salaries and employees benefits unless otherwise authorized in writing, in advance, by ADMINISTRATOR.
- D. CONTRACTOR shall maintain personnel files for each staff person, including management and other administrative positions, both direct and indirect which shall include, but not be limited to, an application for employment, qualifications for the position, applicable licenses, waivers, registrations, documentation of bicultural/bilingual capabilities (if applicable), pay rate and evaluations justifying pay increases.
- E. CONTRACTOR shall notify ADMINISTRATOR, in writing, no later than seventy-two (72) hours of any staffing vacancies or filling of vacant positions that occur during the term of the Agreement. CONTRACTOR's notification shall include at a minimum the following information: employee name(s), position title(s), date(s) of resignation, date(s) of hire, and a description of recruitment activity.
- F. CONTRACTOR shall notify ADMINISTRATOR, in writing, no later than seven (7) business days in advance of any proposed staffing changes, including but not limited to promotions, temporary FTE changes, and temporary staffing assignments that occur during the term of the Agreement.
- G. CONTRACTOR shall provide training to service staff covering suicide assessment and crisis intervention or indications of suicidal risk (depending on scope of practice), developing safety plans, maintaining healthy boundaries, reporting child abuse, dealing with difficult Clients, meeting facilitation and medication, confidentiality, identification of strengths, promoting life skills, and such other topics identified by the COUNTY. Formal training sessions may also be used to cover these topics but cannot substitute for weekly supervision hours.
- H. CONTRACTOR shall maintain a current signature list including each supervisor and provider of direct services who signs chart documentation. The list shall include the printed/type staff name and title, followed by the legal signature with title as it appears on all chart documents. For licensed or registered clinical staff, the name must match the name on the license or registration.
  - I. WORKLOAD STANDARDS
    - 1. One DSH shall be equal to sixty (60) minutes of direct Client service.

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- 2. CONTRACTOR shall provide a minimum of one hundred (100) DSH per month per billable FTE, twelve hundred (1,200) DSH per year per billable FTE or agreed upon productivity levels which shall include mental health, case management, crisis intervention, and other support services and is inclusive of both billable and non-billable services.
- 3. CONTRACTOR shall, during each period of the Agreement, provide a minimum of ninety six hundred (9,600) DSHs (4,704 billable, and 4,896 non-billable) for Client related services.
- 4. CONTRACTOR shall provide In-Home Crisis Stabilization Services to a minimum of one hundred sixty (160) Clients during each period of the Agreement. Services should include the following: crisis intervention, individual and family therapy, and case management hours to eligible Clients, as specified in the Services Paragraph of this Exhibit A to the Agreement.

## I. WORKLOAD STANDARDS

- 1. One DSH shall be equal to sixty (60) minutes of direct Client service.
- 2. CONTRACTOR shall provide a minimum of one hundred (100) DSH per month per Direct Program FTE, as referenced in the Staffing Paragraph of this Exhibit A to the Agreement, twelve hundred (1,200) DSH per year per Direct Program FTE.
- 3. CONTRACTOR shall provide a minimum of thirteen thousand two hundred (13,200) DSHs (six thousand four hundred sixty eight [6,468] billable and six thousand seven hundred thirty two [6,732] non-billable) for period one and a minimum of sixteen thousand eight hundred (16,800) DSHs (eight thousand two hundred thirty two [8,232] billable and eight thousand five hundred sixty eight [8,568] non-billable) for period two.
- 4. CONTRACTOR shall provide In-Home Crisis Stabilization Services to a minimum of two hundred sixty (260) clients for period one and a minimum of four hundred (400) Clients for period two.

#### J. STUDENT INTERNS

- 1. CONTRACTOR may augment the above paid staff with volunteers or interns upon written approval of ADMINISTRATOR.
- a. CONTRACTOR shall meet minimum requirements for supervision of each student intern as required by the State Licensing Board and/or school program descriptions or work contracts.
- b. Student intern services shall not comprise more than twenty percent (20%) of total services provided.
- 2. CONTRACTOR shall provide a minimum of two (2) hours per week supervision to each student intern providing mental health services and one (1) hour of supervision for each ten (10) hours of treatment for student interns providing substance abuse services. CONTRACTOR shall provide supervision to volunteers as specified in the respective job descriptions or work contracts.
- K. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Staffing Paragraph of this Exhibit A to the Agreement.

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### VI. <u>REPORTS</u>

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

### B. FISCAL

- 1. CONTRACTOR shall submit monthly Expenditure and Revenue Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will report actual costs and revenues for CONTRACTOR's program described in the Services Paragraph of this Exhibit A to the Agreement. Such reports will also include actual productivity as defined by ADMINISTRATOR. The reports will be received by ADMINISTRATOR no later than the twentieth (20th) day following the end of the month being reported. CONTRACTOR must request in writing any extensions to the due date of the monthly required reports. If an extension is approved by ADMINISTRATOR, the total extension will not exceed more than five (5) calendar days.
- 2. CONTRACTOR shall submit monthly Year-End Projection Reports to ADMINISTRATOR. These reports will be on a form acceptable to, or provided by, ADMINISTRATOR and will report anticipated year-end actual costs and revenues for CONTRACTOR's program described in the Services Paragraph of this Exhibit A to the Agreement. Such reports will include actual monthly costs and revenue to date and anticipated monthly costs and revenue to the end of the fiscal year. Year-End Projection Reports will be submitted in conjunction with the Monthly Expenditure and Revenue Reports.
- C. STAFFING CONTRACTOR shall submit monthly Staffing Reports to ADMINISTRATOR. CONTRACTOR's reports shall contain required information, and be on a form acceptable to, or provided by ADMINISTRATOR. CONTRACTOR shall submit these reports no later than twenty (20) calendar days 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.
- D. PROGRAMMATIC Throughout the term of the Agreement, CONTRACTOR shall submit monthly programmatic reports to ADMINISTRATOR, which shall be received by ADMINISTRATOR no later than twenty (20) calendar days following the end of the month being reported. Programmatic reports shall be in a format(s) approved by ADMINISTRATOR and shall include a description of CONTRACTOR's progress in implementing the provisions of the Agreement, number of active cases, number of Client's admitted/discharged, details of outreach activities and their results, any pertinent facts or interim findings, staff changes, status of licenses and/or certifications, changes in population served and reasons for any such changes. CONTRACTOR shall be prepared to present and discuss their programmatic reports at their monthly scheduled meetings with ADMINISTRATOR and shall state whether or not it is progressing satisfactorily in achieving all the terms of the Agreement, and if not, shall specify what steps are being taken to achieve satisfactory progress.
  - E. ADDITIONAL REPORTS Upon ADMINISTRATOR's request, CONTRACTOR shall make

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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.

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

### VII. RESPONSIBILITIES

- A. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of CONTRACTOR's administrative and program P&Ps. CONTRACTOR shall provide signature confirmation of its P&P training for each staff member and place in their personnel files.
- B. CONTRACTOR shall ensure that all staff complete the COUNTY's Annual Provider Training, and staff responsible for input into IRIS complete IRIS New User Training.
- C. CONTRACTOR shall ensure that Annual Compliance Training is completed as set forth in Subparagraph C. of the Compliance Paragraph of the Agreement.
- D. 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.
- E. CONTRACTOR shall agree to adopt and comply with the documentation standards as per ADMINISTRATOR's Standards of Care practices; P&P's, Annual Provider Training; DHCS State Contract; Title IX; the State EPSDT Documentation Manual; the State EPSDT TBS Documentation Manual; and the EPSDT TBS Coordination of Care Best Practices Manual as provided by ADMINISTRATOR, which describe, but are not limited to, the requirements for Medi-Cal and ADMINISTRATOR charting standards; and any state regulatory requirements.
- F. CONTRACTOR shall regularly review their charting, IRIS data input, and invoice systems to ensure compliance with COUNTY and state P&Ps and establish mechanisms to prevent inaccurate claim submissions.
- G. CONTRACTOR shall maintain on file at the facility minutes and records of all quality improvement meetings and processes. Such records and minutes shall also be subject to regular review by ADMINISTRATOR in the manner specified in the Quality Improvement Implementation Plan and ADMINISTRATOR's P&Ps.
  - H. CONTRACTOR shall attend:
- 1. Case conferences, as requested by ADMINISTRATOR to address any aspect of clinical care.
- 2. Monthly meetings with ADMINISTRATOR to discuss contractual and other issues related to, but not limited to compliance with P&Ps, statistics and clinical services.
- 3. Clinical staff training for individuals by ADMINISTRATOR. Such training shall be conducted by CONTRACTOR and/or ADMINISTRATOR.

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- 4. Quarterly QIC meetings.
- I. CONTRACTOR shall allow ADMINISTRATOR to attend, and if necessary conduct, QIC and medication monitoring meetings.
- J. CONTRACTOR shall participate in any clinical case review and implement any recommendations made by ADMINISTRATOR to improve Client care.
- K. CONTRACTOR shall ensure that all clinical documentation is completed promptly and is reflected on the Client's chart within twenty-four (24) hours after the completion of services.

### L. PERFORMANCE OUTCOMES

- 1. CONTRACTOR shall complete Performance Outcome Measures as required by state and/or COUNTY.
- 2. ADMINISTRATOR shall develop and provide CONTRACTOR with performance outcome measure guidelines for the purpose of evaluating the impact and/or contribution of CONTRACTOR's services on the well-being of COUNTY residents being served under the terms of the Agreement. The expected outcomes for the Monitoring Plan are to enable Clients to adaptively function at a higher and more appropriate level and to provide a quantifiable and repeatable measure to assess overall program effectiveness.
- 3. CONTRACTOR shall cooperate in data collection in order to develop baseline figures for future evaluation and report performance in terms of Client satisfaction, length of stay, and duration of services.
- M. TOKENS ADMINISTRATOR shall provide CONTRACTOR the necessary number of Tokens for appropriate individual staff to access IRIS at no cost to the CONTRACTOR.
- 1. CONTRACTOR recognizes Tokens are assigned to a specific individual staff member with a unique password. Tokens and passwords will not be shared with anyone.
- 2. CONTRACTOR shall maintain an inventory of the Tokens, by serial number and the staff member to whom each is assigned.
- 3. CONTRACTOR shall return to ADMINISTRATOR all Tokens under the following conditions:
  - a. Token of each staff member who no longer supports the Agreement;
  - b. Token of each staff member who no longer requires access to IRIS;
  - c. Token of each staff member who leaves employment of CONTRACTOR; or
  - d. Token is malfunctioning;
  - e. Termination of the Agreement.
- 5. ADMINISTRATOR shall issue Tokens for CONTRACTOR's staff members who require access to IRIS upon initial training or as a replacement for malfunctioning Tokens.
- 6. CONTRACTOR shall reimburse the COUNTY for Tokens lost, stolen, or damaged through acts of negligence.
  - N. CONTRACTOR shall input all IRIS data following COUNTY procedure and practice. All

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statistical data used to monitor CONTRACTOR shall be compiled using only COUNTY IRIS reports, if available, and if applicable.

- O. CONTRACTOR shall obtain a NPI.
- 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.
- P. 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.
- Q. 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.
- R. 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.
- S. 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 are not limited, to the following:
- 1. Designate the responsible position(s) in your organization for managing the funds allocated to the 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 and monitor the program for its success;
  - 7. Track and report expenditures electronically;
- 8. Maintain electronic and telephone communication between CONTRACTOR and ADMINISTRATOR; and

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- 9. Act quickly to identify and solve problems.
- T. CONTRACTOR shall document all adverse incidents affecting the physical and/or emotional welfare of Clients, 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, and shall advise ADMINISTRATOR of any special incidents, conditions, or issues that adversely affect the quality or accessibility of Client-related services provided by, or under contract with COUNTY, as set forth in Subparagraph C. of the Notices Paragraph to the Agreement.
- U. ADMINISTRATOR shall assist CONTRACTOR in monitoring CONTRACTOR's program to ensure compliance with workload standards and productivity.
- V. ADMINISTRATOR shall review Client charts to assist CONTRACTOR in ensuring compliance with ADMINISTRATOR's P&Ps and Medi-Cal documentation requirements.
- W. ADMINISTRATOR shall review and approve all admissions, discharges from the program and extended stays in the program.
  - X. ADMINISTRATOR shall monitor CONTRACTOR's completion of corrective action plans.
- Y. ADMINISTRATOR shall monitor CONTRACTOR's compliance with ADMINISTRATOR's P&Ps.
- Z. ADMINISTRATOR shall provide a written copy of all assessments completed on Clients referred for admission.
- AA. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Responsibilities Paragraph of this Exhibit A to the Agreement.
  - AB. ADMINISTRATOR shall:
- 1. Provide, or cause to be provided, training and ongoing consultation to CONTRACTOR's staff to assist CONTRACTOR in ensuring compliance with documentation standards as per ADMINISTRATOR's Standards of Care practices; P&P's, Annual Provider Training; DHCS State Contract; Title IX; the State EPSDT Documentation Manual; the State EPSDT TBS Documentation Manual; the EPSDT TBS Coordination of Care Best Practices Manual as provided by ADMINISTRATOR, which describe, but are not limited to, the requirements for Medi-Cal and ADMINISTRATOR charting standards; and any state regulatory requirements.
- 2. Assist CONTRACTOR in monitoring CONTRACTOR's program to ensure compliance with workload standards, productivity and Medi-Cal documentation.
- 3. Review Client charts to assist CONTRACTOR in ensuring compliance with ADMINISTRATOR's P&Ps and Medi-Cal requirements.
  - 4. Reviews and approves all referrals of potential Clients to alternate services.
- 5. Reviews and approves all admissions, discharges from the program and extended stays in the program.
  - AC. COUNTY's Central Quality Review and Training shall:
    - 1. Make available, training to CONTRACTOR's staff in ADMINISTRATOR charting

procedures.

- 2. Conduct periodic reviews of Client charts to monitor CONTRACTOR's compliance with ADMINISTRATOR's P&Ps and Medi-Cal requirements.
- 3. Monitor CONTRACTOR's completion of corrective action plans filed in response to Medi-Cal and other reviews.
- 4. Monitor CONTRACTOR's degree of compliance with ADMINISTRATOR Standards of Care and ADMINISTRATOR's P&Ps, including but not limited to those pertaining to Quality Improvement, Medication Monitoring and Supervisory Review.
- AD. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Responsibilities Paragraph of this Exhibit A to the Agreement.

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