

AMENDMENT NO. ~~1~~2 TO CONTRACT FOR PROVISION OF
INPATIENT BEHAVIORAL HEALTH SERVICES
BETWEEN
COUNTY OF ORANGE

AND

ALISO RIDGE BEHAVIORAL HEALTH, LLC

UPON EXECUTION OF ALL AUTHORIZED SIGNATURES THROUGH JUNE 30, 2024~~6~~

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

W I T N E S S E T H :

WHEREAS, COUNTY wishes to contract with CONTRACTOR for the provision of Inpatient Behavioral Health Services described herein to the residents of Orange County; and

WHEREAS, the Parties executed Amendment No. 1 to increase the Contract’s Period Two Amount Not To Exceed by \$10,305,000 and Period Three Amount Not To Exceed by \$15,887,305, for a new revised cumulative amount not to exceed \$28,615,000, and to add Paragraph XXX. and to amend Exhibit A of the Contract, effective December 20, 2022; and

WHEREAS, the Parties now desire to enter into this Amendment No. 2 to add Paragraph XXXI. and to amend Exhibit A of the Contract and to renew the Contract for two years for County to continue receiving and Contractor to continue providing the services set forth in the Contract; and

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

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

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REFERENCED CONTRACT PROVISIONS

Term: Date of Execution of All Authorized Signatures through June 30, 2024

Period One means the period from Date of Execution of All Authorized Signatures through June 30, 2022

Period Two means the period from July 1, 2022 through June 30, 2023

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

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

Period Five means the period from July 1, 2025 through June 30, 2026

Amount Not To Exceed

Period One:	Amount Not To Exceed	\$ 807,500
Period Two:	Amount Not To Exceed	11,112,500
Period Three:	Amount Not To Exceed	16,695,000
Period Four:	Amount Not To Exceed	16,695,000
Period Five:	Amount Not To Exceed	16,695,000
TOTAL	Amount Not To Exceed :	\$ 28,615,000 62,005,000

Basis for Reimbursement: Fee-for Service

Payment Method: Monthly in Arrears

CONTRACTOR DUNS Number: 118-185-386

CONTRACTOR TAX ID Number: "Sole Proprietor"

Notices to COUNTY and CONTRACTOR:

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

CONTRACTOR: Aliso Ridge Behavioral Health, LLC
200 Freedom Lane
Aliso Viejo, CA, 92656
~~Phillip Franks~~ Dorinda Mueller, CEO

Phillip.franks@signaturehc.com dorinda.mueller@alisoridgebh.com

I. ACRONYMS

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4	A. AB 109	Assembly Bill 109, 2011 Public Safety Realignment
5	B. AIDS	Acquired Immune Deficiency Syndrome
6	C. ARRA	American Recovery and Reinvestment Act of 2009
7	D. ASAM PPC	American Society of Addiction Medicine Patient Placement Criteria
8	E. ASI	Addiction Severity Index
9	F. ASRS	Alcohol and Drug Programs Reporting System
10	G. BHS	Behavioral Health Services
11	H. CalOMS	California Outcomes Measurement System
12	I. CalWORKs	California Work Opportunity and Responsibility for Kids
13	J. CAP	Corrective Action Plan
14	K. CCC	California Civil Code
15	L. CCR	California Code of Regulations
16	M. CESI	Client Evaluation of Self at Intake
17	N. CEST	Client Evaluation of Self and Treatment
18	O. CFDA	Catalog of Federal Domestic Assistance
19	P. CFR	Code of Federal Regulations
20	Q. CHPP	COUNTY HIPAA Policies and Procedures
21	R. CHS	Correctional Health Services
22	S. COI	Certificate of Insurance
23	T. CPA	Certified Public Accountant
24	U. CSW	Clinical Social Worker
25	V. DHCS	California Department of Health Care Services
26	W. D/MC	Drug/Medi-Cal
27	X. DPFS	Drug Program Fiscal Systems
28	Y. DRS	Designated Record Set
29	Z. EEOC	Equal Employment Opportunity Commission
30	AA. EHR	Electronic Health Records
31	AB. EOC	Equal Opportunity Clause
32	AC. ePHI	Electronic Protected Health Information
33	AD. EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
34	AE. FFS	Fee For Service
35	AF. FSP	Full Service Partnership
36	AG. FTE	Full Time Equivalent
37	AH. GAAP	Generally Accepted Accounting Principles

1	AI. HCA	County of Orange Health Care Agency
2	AJ. HHS	Federal Health and Human Services Agency
3	AK. HIPAA	Health Insurance Portability and Accountability Act of 1996, Public
4		Law 104-191
5	AL. HITECH	Health Information Technology for Economic and Clinical Health
6		Act, Public Law 111-005
7	AM. HIV	Human Immunodeficiency Virus
8	AN. HSC	California Health and Safety Code
9	AO. IRIS	Integrated Records and Information System
10	AP. ITC	Indigent Trauma Care
11	AQ. LCSW	Licensed Clinical Social Worker
12	AR. MAT	Medication Assisted Treatment
13	AS. MFT	Marriage and Family Therapist
14	AT. MH	Mental Health
15	AU. MHP	Mental Health Plan
16	AV. MHS	Mental Health Specialist
17	AW. MHSA	Mental Health Services Act
18	AX. MSN	Medical Safety Net
19	AY. NIH	National Institutes of Health
20	AZ. NPI	National Provider Identifier
21	BA. NPPES	National Plan and Provider Enumeration System
22	BB. OCR	Federal Office for Civil Rights
23	BC. OIG	Federal Office of Inspector General
24	BD. OMB	Federal Office of Management and Budget
25	BE. OPM	Federal Office of Personnel Management
26	BF. P&P	Policy and Procedure
27	BG. PA DSS	Payment Application Data Security Standard
28	BH. PATH	Projects for Assistance in Transition from Homelessness
29	BI. PC	California Penal Code
30	BJ. PCI DSS	Payment Card Industry Data Security Standards
31	BK. PCS	Post-Release Community Supervision
32	BL. PHI	Protected Health Information
33	BM. PII	Personally Identifiable Information
34	BN. PRA	California Public Records Act
35	BO. PSC	Professional Services Contract System
36	BP. SAPTBG	Substance Abuse Prevention and Treatment Block Grant
37	BQ. SIR	Self-Insured Retention

1	BR. SMA	Statewide Maximum Allowable (rate)
2	BS. SOW	Scope of Work
3	BT. SUD	Substance Use Disorder
4	BU. UMDAP	Uniform Method of Determining Ability to Pay
5	BV. UOS	Units of Service
6	BW. USC	United States Code
7	BX. WIC	Women, Infants and Children

9 **II. ALTERATION OF TERMS**

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

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

18 **III. ASSIGNMENT OF DEBTS**

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

27 **IV. COMPLIANCE**

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

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

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

1 elements by ADMINISTRATOR's Compliance Officer as described in this Compliance Paragraph to
2 this Agreement. These elements include:

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

10 3. If CONTRACTOR does not provide proof of its own compliance program to
11 ADMINISTRATOR, CONTRACTOR shall internally comply with ADMINISTRATOR's Compliance
12 Program and Code of Conduct, CONTRACTOR shall submit to ADMINISTRATOR within thirty (30)
13 calendar days of execution of this Agreement a signed acknowledgement that CONTRACTOR shall
14 internally comply with ADMINISTRATOR's Compliance Program and Code of Conduct.
15 CONTRACTOR shall have as many Covered Individuals it determines necessary complete
16 ADMINISTRATOR's annual compliance training to ensure proper compliance.

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

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

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

1 and Human Services/Office of Inspector General List of Excluded Individuals/Entities, and the
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3 California Medi-Cal Suspended and Ineligible Provider List, the Social Security Administration's Death
4 Master File at date of employment, and/or any other list or system as identified by ADMINISTRATOR.

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

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

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

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

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

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

27 5. Covered Individuals shall be required to disclose to CONTRACTOR immediately any
28 debarment, exclusion or other event that makes the Covered Individual an Ineligible Person.
29 CONTRACTOR shall notify ADMINISTRATOR immediately if a Covered Individual providing
30 services directly relative to this Agreement becomes debarred, excluded or otherwise becomes an
31 Ineligible Person.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 6. CONTRACTOR shall meet the HCA MHP Quality Management Program Standards and
20 participate in the quality improvement activities developed in the implementation of the Quality
21 Management Program.

22 7. CONTRACTOR shall comply with the provisions of ADMINISTRATOR's Cultural
23 Competency Plan submitted and approved by the state. ADMINISTRATOR shall update the Cultural
24 Competency Plan and submit the updates to the State for review and approval annually. (CCR, Title 9,
25 §1810.410.subds.(c)-(d).

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

32 **V. CONFIDENTIALITY**

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

36 B. Prior to providing any services pursuant to this Agreement, all members of the Board of
37 Directors or its designee or authorized agent, employees, consultants, subcontractors, volunteers and

1 interns of CONTRACTOR shall agree, in writing, with CONTRACTOR to maintain the confidentiality
 2 of any and all information and records which may be obtained in the course of providing such services.
 3 This Agreement shall specify that it is effective irrespective of all subsequent resignations or
 4 terminations of CONTRACTOR members of the Board of Directors or its designee or authorized agent,
 5 employees, consultants, subcontractors, volunteers and interns.

6 7 **VI. CONFLICT OF INTEREST**

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

16 17 **VII. DELEGATION, ASSIGNMENT AND SUBCONTRACTS**

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

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

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

35 2. If CONTRACTOR is a for-profit organization, any change in the business structure,
 36 including but not limited to, the sale or transfer of more than ten percent (10%) of the assets or stocks of
 37 CONTRACTOR, change to another corporate structure, including a change to a sole proprietorship, or a

1 change in fifty percent (50%) or more of Board of Directors or any governing body of CONTRACTOR
2 at one time shall be deemed an assignment pursuant to this paragraph. Any attempted assignment or
3 delegation in derogation of this subparagraph shall be void.

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

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

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

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

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

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

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

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

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

37 D. CONTRACTOR shall notify COUNTY in writing of any change in CONTRACTOR's status

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

10 **VIII. DISPUTE RESOLUTION**

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

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

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

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

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

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

1 adjudication to another county.

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3 **IX. EMPLOYEE ELIGIBILITY VERIFICATION**

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

13
14 **X. FACILITIES, PAYMENTS AND SERVICES**

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

20
21 **XI. INDEMNIFICATION AND INSURANCE**

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

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

1 subject to the same terms and conditions as set forth herein for CONTRACTOR.

2 //

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

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

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

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

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

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

28 F. QUALIFIED INSURER

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

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

37 G. The policy or policies of insurance maintained by CONTRACTOR shall provide the minimum

limits and coverage as set forth below:

<u>Coverage</u>	<u>Minimum Limits</u>
Commercial General Liability	\$5,000,000 per occurrence \$5,000,000 aggregate
Automobile Liability including coverage for owned, non-owned and hired vehicles	\$1,000,000 per occurrence
Workers' Compensation	Statutory
Employers' Liability Insurance	\$1,000,000 per occurrence
Professional Liability Insurance	\$5,000,000 per claims made \$5,000,000 aggregate
Sexual Misconduct Liability	\$1,000,000 per occurrence
Network Security & Privacy Liability	\$1,000,000 per claims made

H. REQUIRED COVERAGE FORMS

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

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

I. REQUIRED ENDORSEMENTS

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

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

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

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

a. An Additional Insured endorsement naming the *County of Orange, its elected and*

1 *appointed officials, officers, agents and employees* as Additional Insureds for its vicarious liability.

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

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

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

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

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

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

22 O. If CONTRACTOR fails to provide the insurance certificates and endorsements within seven (7)
23 calendar days of notification by CEO/Purchasing or the department purchasing division, it shall
24 constitute a breach of CONTRACTOR's obligation hereunder and COUNTY may immediately
25 terminate this Agreement without penalty.

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

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

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

1 following:

- 2 a. Level and quality of care, including the necessity and appropriateness of the services
- 3 provided.
- 4 b. Internal procedures for assuring efficiency, economy, and quality of care.
- 5 c. Compliance with COUNTY Client Grievance Procedures.
- 6 d. Financial records when determined necessary to protect public funds.

7 2. COUNTY shall provide CONTRACTOR with at least seventy-two (72) hours' notice of
8 such inspections or evaluations. Unannounced inspections, evaluations, or requests for information may
9 be made in those situations where arrangement of an appointment beforehand is not possible or is
10 inappropriate due to the nature of the inspection or evaluation.

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

15 C. AUDIT RESPONSE

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

21 2. If the audit reveals that money is payable from one Party to the other, that is,
22 reimbursement by CONTRACTOR to COUNTY, or payment of sums due from COUNTY to
23 CONTRACTOR, said funds shall be due and payable from one Party to the other within sixty (60)
24 calendar days of receipt of the audit results. If reimbursement is due from CONTRACTOR to
25 COUNTY, and such reimbursement is not received within said sixty (60) calendar days, COUNTY may,
26 in addition to any other remedies provided by law, reduce any amount owed CONTRACTOR by an
27 amount not to exceed the reimbursement due COUNTY.

28 D. CONTRACTOR shall retain a licensed certified public accountant, who shall prepare and file
29 with ADMINISTRATOR, an annual, independent, organization-wide audit of related expenditures as
30 may be required during the term of this Agreement.

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

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XIII. LICENSES AND LAWS

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

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

- 14 1. ARRA of 2009.
- 15 2. Trafficking Victims Protection Act of 2000.
- 16 3. WIC, Division 5, Community Mental Health Services.
- 17 4. WIC, Division 6, Admissions and Judicial Commitments.
- 18 5. WIC, Division 7, Mental Institutions.
- 19 6. HSC, §§1250 et seq., Health Facilities.
- 20 7. PC, §§11164-11174.3, Child Abuse and Neglect Reporting Act.
- 21 8. CCR, Title 9, Rehabilitative and Developmental Services.
- 22 9. CCR, Title 17, Public Health.
- 23 10. CCR, Title 22, Social Security.
- 24 11. CFR, Title 42, Public Health.
- 25 12. CFR, Title 45, Public Welfare.
- 26 13. USC Title 42. Public Health and Welfare.
- 27 14. Federal Social Security Act, Title XVIII and Title XIX Medicare and Medicaid.
- 28 15. 42 USC §12101 et seq., Americans with Disabilities Act of 1990.
- 29 16. 42 USC §1857, et seq., Clean Air Act.
- 30 17. 33 USC 84, §308 and §§1251 et seq., the Federal Water Pollution Control Act.
- 31 18. 31 USC 7501.70, Federal Single Audit Act of 1984.
- 32 19. Policies and procedures set forth in Mental Health Services Act.
- 33 20. Policies and procedures set forth in DHCS Letters.
- 34 21. HIPAA privacy rule, as it may exist now, or be hereafter amended, and if applicable.
- 35 22. 31 USC 7501 – 7507, as well as its implementing regulations under 2 CFR Part 200,
 36 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- 37 23. 42 CFR, Section 438, Managed Care Regulations

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

5 6 **XIV. LITERATURE, ADVERTISEMENTS, AND SOCIAL MEDIA**

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

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

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

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

27 28 **XV. MINIMUM WAGE LAWS**

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

36 B. CONTRACTOR shall comply and verify that its Covered Individuals comply with all other
37 federal and State of California laws for minimum wage, overtime pay, record keeping, and child labor

1 standards pursuant to providing services pursuant to this Agreement.

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

6 7 **XVI. NONDISCRIMINATION**

8 **A. EMPLOYMENT**

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

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

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

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

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

35 6. Each labor union or representative of workers with which CONTRACTOR and/or
36 subcontractor has a collective bargaining agreement or other contract or understanding must post a
37 notice advising the labor union or workers' representative of the commitments under this

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2 Nondiscrimination Paragraph and shall post copies of the notice in conspicuous places, available to
3 employees and applicants for employment.

4 B. SERVICES, BENEFITS AND FACILITIES – CONTRACTOR and/or subcontractor shall not
5 discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities
6 on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental
7 disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender
8 expression, age, sexual orientation, or military and veteran status in accordance with Title IX of the
9 Education Amendments of 1972 as they relate to 20 USC §1681 - §1688; Title VI of the Civil Rights
10 Act of 1964 (42 USC §2000d); the Age Discrimination Act of 1975 (42 USC §6101); Title 9, Division
11 4, Chapter 6, Article 1 (§10800, et seq.) of the CCR; and Title II of the Genetic Information
12 Nondiscrimination Act of 2008, 42 USC 2000ff, et seq. as applicable, and all other pertinent rules and
13 regulations promulgated pursuant thereto, and as otherwise provided by state law and regulations, as all
14 may now exist or be hereafter amended or changed. For the purpose of this Nondiscrimination
15 paragraph, discrimination includes, but is not limited to the following based on one or more of the
16 factors identified above:

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

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

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

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

36 b. Throughout the problem resolution and grievance process, Client rights shall be
37 maintained, including access to the COUNTY’s Patients’ Rights Office at any point in the process.

1 Clients shall be informed of their right to access the COUNTY's Patients' Rights Office at any time.

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

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

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

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

21 **XVII. NOTICES**

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

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

28 2. When faxed, transmission confirmed;

29 3. When sent by Email; or

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

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

36 C. CONTRACTOR shall notify ADMINISTRATOR, in writing, within twenty-four (24) hours of
37 becoming aware of any occurrence of a serious nature, which may expose COUNTY to liability. Such

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

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

6 7 **XVIII. NOTIFICATION OF DEATH**

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

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

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

16 2. WRITTEN NOTIFICATION

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

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

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

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

29 30 **XIX. NOTIFICATION OF PUBLIC EVENTS AND MEETINGS**

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

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

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2 **XX. RECORDS MANAGEMENT AND MAINTENANCE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

30 31 **XXI. RESEARCH AND PUBLICATION**

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

35 **XXII. REVENUE**

36 A. CLIENT FEES – CONTRACTOR shall charge, unless waived by ADMINISTRATOR, a fee to
37 Clients to whom billable services, other than those amounts reimbursed by Medicare, Medi-Cal or other

1 third party health plans, are provided pursuant to this Agreement, their estates and responsible relatives,
 2 according to their ability to pay as determined by the State Department of Health Care Services'
 3 "Uniform Method of Determining Ability to Pay" procedure or by any other payment procedure as
 4 approved in advance, and in writing by ADMINISTRATOR; and in accordance with Title 9 of the CCR.
 5 Such fee shall not exceed the actual cost of services provided. No Client shall be denied services
 6 because of an inability to pay.

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

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

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

19 **XXIII. SEVERABILITY**

20
 21 A. If a court of competent jurisdiction declares any provision of this Agreement or application
 22 thereof to any person or circumstances to be invalid or if any provision of this Agreement contravenes
 23 any federal, state or county statute, ordinance, or regulation, the remaining provisions of this Agreement
 24 or the application thereof shall remain valid, and the remaining provisions of this Agreement shall
 25 remain in full force and effect, and to that extent the provisions of this Agreement are severable.

26 **XXIV. SPECIAL PROVISIONS**

27
 28 A. CONTRACTOR shall not use the funds provided by means of this Agreement for the following
 29 purposes:

- 30 1. Making cash payments to intended recipients of services through this Agreement.
- 31 2. Lobbying any governmental agency or official. CONTRACTOR shall file all certifications
 32 and reports in compliance with this requirement pursuant to Title 31, USC, §1352 (e.g., limitation on
 33 use of appropriated funds to influence certain federal contracting and financial transactions).
- 34 3. Fundraising.
- 35 4. Purchase of gifts, meals, entertainment, awards, or other personal expenses for
 36 CONTRACTOR's staff, volunteers, interns, consultants, subcontractors, and members of the Board of
 37 Directors or governing body.

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

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

7 **XXVII. TERMINATION**

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

15 B. COUNTY may terminate this Agreement immediately, upon written notice, on the occurrence
 16 of any of the following events:

- 17 1. The loss by CONTRACTOR of legal capacity.
- 18 2. Cessation of services.
- 19 3. The delegation or assignment of CONTRACTOR's services, operation or administration to
 20 another entity without the prior written consent of COUNTY.
- 21 4. The neglect by any physician or licensed person employed by CONTRACTOR of any duty
 22 required pursuant to this Agreement.
- 23 5. The loss of accreditation or any license required by the Licenses and Laws Paragraph of
 24 this Agreement.
- 25 6. The continued incapacity of any physician or licensed person to perform duties required
 26 pursuant to this Agreement.
- 27 7. Unethical conduct or malpractice by any physician or licensed person providing services
 28 pursuant to this Agreement; provided, however, COUNTY may waive this option if CONTRACTOR
 29 removes such physician or licensed person from serving persons treated or assisted pursuant to this
 30 Agreement.

31 C. CONTINGENT FUNDING

- 32 1. Any obligation of COUNTY under this Agreement is contingent upon the following:
 - 33 a. The continued availability of federal, state and county funds for reimbursement of
 34 COUNTY's expenditures, and
 - 35 b. Inclusion of sufficient funding for the services hereunder in the applicable budget(s)
 36 approved by the Board of Supervisors.
- 37 2. In the event such funding is subsequently reduced or terminated, COUNTY may suspend,

1 terminate or renegotiate this Agreement upon thirty (30) calendar days' written notice given
2 CONTRACTOR. If COUNTY elects to renegotiate this Agreement due to reduced or terminated
3 funding, CONTRACTOR shall not be obligated to accept the renegotiated terms.

4 D. In the event this Agreement is suspended or terminated prior to the completion of the term as
5 specified in the Referenced Contract Provisions of this Agreement, ADMINISTRATOR may, at its
6 sole discretion, reduce the Maximum Obligation of this Agreement to be consistent with the reduced
7 term of the Agreement.

8 E. In the event this Agreement is terminated CONTRACTOR shall do the following:

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

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

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

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

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

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

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

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

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

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

37 //

1 //

2 **XXVIII. THIRD PARTY BENEFICIARY**

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

6 **XXIX. WAIVER OF DEFAULT OR BREACH**

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

12
13 **XXX. COST REPORT**

14 A. CONTRACTOR shall submit a Cost Report to COUNTY no later than sixty (60) calendar days
15 following termination of this Agreement. CONTRACTOR shall prepare the Cost Report in accordance
16 with all applicable federal, state and COUNTY requirements, GAAP and the Special Provisions
17 paragraph of this Agreement. CONTRACTOR shall allocate direct and indirect costs to and between
18 programs, cost centers, services, and funding sources in accordance with such requirements and
19 consistent with prudent business practice, which costs and allocations shall be supported by source
20 documentation maintained by CONTRACTOR, and available at any time to ADMINISTRATOR upon
21 reasonable notice.

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

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

30 b. ADMINISTRATOR may withhold or delay any or all payments due CONTRACTOR
31 pursuant to any or all agreements between COUNTY and CONTRACTOR until such time that the
32 accurate and complete Cost Report is delivered to ADMINISTRATOR.

33 2. CONTRACTOR may request, in advance and in writing, an extension of the due date of the
34 Cost Report setting forth good cause for justification of the request. Approval of such requests shall be
35 at the sole discretion of ADMINISTRATOR and shall not be unreasonably denied.

36 3. In the event that CONTRACTOR does not submit an accurate and complete Cost Report
37 within one hundred and eighty (180) calendar days following the termination of this Agreement, and

1 CONTRACTOR has not entered into a subsequent or new agreement for any other services with
2 COUNTY, then all amounts paid to CONTRACTOR by COUNTY during the term of the Agreement
3 shall be immediately reimbursed to COUNTY.

4 B. The Cost Report shall be the final financial and statistical report submitted by CONTRACTOR
5 to COUNTY, and shall serve as the basis for final settlement to CONTRACTOR. CONTRACTOR
6 shall document that costs are reasonable and allowable and directly or indirectly related to the services
7 to be provided hereunder. The Cost Report shall be the final financial record for subsequent audits, if
8 any.

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

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

25 E. If the Cost Report indicates the actual and reimbursable costs of services provided pursuant to
26 this Contract, less applicable revenues and late penalty, are higher than the aggregate of interim monthly
27 payments to CONTRACTOR, COUNTY shall pay CONTRACTOR the difference, provided such
28 payment does not exceed the Amount Not To Exceed of COUNTY.

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

31
32
33
34
35
36
37

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

3
4 ALISO RIDGE BEHAVIORAL HEALTH, LLC

5
6 BY: _____ DATED: _____

7
8 TITLE: _____

9
10
11
12 COUNTY OF ORANGE

13
14
15 BY: _____ DATED: _____

16 PURCHASING AGENT/DESIGNEE

17
18
19
20 APPROVED AS TO FORM
21 OFFICE OF THE COUNTY COUNSEL
22 ORANGE COUNTY, CALIFORNIA

23
24
25 BY: _____ DATED: _____

26 DEPUTY

27
28
29
30
31
32
33
34 If Contractor is a corporation, two (2) signatures are required: one (1) signature by the Chairman of the Board, the President
35 or any Vice President; and one (1) signature by the Secretary, any Assistant Secretary, the Chief Financial Officer or any
36 Assistant Treasurer. If the contract is signed by one (1) authorized individual only, a copy of the corporate resolution or by-
37 laws whereby the board of directors has empowered said authorized individual to act on its behalf by his or her signature
alone is required by ADMINISTRATOR.

EXHIBIT A

AMENDMENT NO. ~~1~~2 TO CONTRACT FOR PROVISION OF
INPATIENT BEHAVIORAL HEALTH SERVICES

BETWEEN

COUNTY OF ORANGE

AND

ALISO RIDGE BEHAVIORAL HEALTH, LLC

UPON EXECUTION OF ALL AUTHORIZED SIGNATURES THROUGH JUNE 30, 202~~6~~4**I. COMMON TERMS AND DEFINITIONS**

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

A. Acute Day means those days authorized by ADMINISTRATOR's designated Utilization Management Unit when the Client meets medical necessity criteria set forth in Title 9 of the California Code of Regulations (CCR), section 1820.205.

B. Administrative Day means those days authorized by ADMINISTRATOR's designated Utilization Management Unit when the Client no longer meets medical necessity criteria for acute psychiatric hospital services but has not yet been accepted for placement at a non-acute licensed residential treatment facility in a reasonable geographic area.

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

D. Additional Income Source means all income other than SSI and includes such sources of income as retirement income, disability income, trust fund income, SSI, Veteran's Affairs disability income, etc.

E. ASO means Administrative Services Organization and refers to administrative and mental health services components that include maintenance of a contract provider network including credentialing and contracting, adjudication of provider claims for specialty mental health services, and the operation of a 24-hour telephone access and authorization line.

F. Client Day means one (1) calendar day during which CONTRACTOR provides all of the services described hereunder, including the day of admission and excluding the day of discharge. If admission and discharge occur on the same day, one (1) client day shall be charged.

G. Client or Consumer means an individual, referred by COUNTY or enrolled in CONTRACTOR's program for services under the Agreement, who is dealing with a chronic mental illness.

H. Crisis Stabilization Unit (CSU) means a psychiatric crisis stabilization program that operates twenty-four (24) hours a day and serves Orange County residents aged thirteen (13) and older who are experiencing a psychiatric crisis and need immediate evaluation. Individuals receive a thorough psychiatric evaluation, crisis stabilization treatment, and referral to the appropriate level of continuing care. As a designated outpatient facility, the CSU may evaluate and treat individuals for no longer than twenty-three (23) hours and fifty-nine (59) minutes.

I. Customary Charges means the amount CONTRACTOR normally or usually charges the majority of its clients for a specified type of service, including the types of Psychiatric Inpatient

1 Hospital Services defined herein. CONTRACTOR's customary charges shall be subject to
2 review by the Department of Health Care Services.

3 J. Diagnosis means the definition of the nature of the Client's disorder. When
4 formulating the diagnosis of Client, CONTRACTOR shall use the diagnostic codes and axis as
5 specified in the most current edition of the DSM published by the American Psychiatric
6 Association.

7 K. DSM means Diagnostic and Statistical Manual of Mental Disorders and refers to
8 the publication by the American Psychiatric Association that is used as a guide in the diagnosis of
9 mental disorders.

10 L. ECT means Electro Convulsive Therapy and refers to a psychiatric treatment in
11 which seizures are electrically induced in anesthetized patients for therapeutic effect.

12 M. Engagement means the process where a trusting relationship is developed over a
13 short period of time with the goal to link the individual(s) to appropriate services within the
14 community. Engagement is the objective of a successful outreach.

15 N. Face-to-Face means an encounter between the individual/parent/guardian and
16 provider where they are both physically present. This does not include contact by phone, email,
17 etc., except for telepsychiatry provided in a manner that meets COUNTY protocols.

18 O. Health Care Services means any preventive, diagnostic, treatment, or support
19 services, including professional services, which may be medically necessary to protect life,
20 prevent significant disability, and/or treat diseases, illnesses, or injuries in order to prevent a
21 serious deterioration of health.

22 P. HIPAA means Health Insurance Portability and Accountability Act and refers to
23 the federal law that establishes standards for the privacy and security of health information, as
24 well as standards for electronic data interchange of health information. HIPAA law has two main
25 goals, as its name implies: making health insurance more portable when persons change
26 employers and making the health care system more accountable for costs-trying especially to
27 reduce waste and fraud.

28 Q. Hospital Based Ancillary Services means services which include but are not
29 limited to ECT and MRI. Other ancillary services include: the use of facilities; laboratory,
30 medical and social services furnished by CONTRACTOR including drugs such as take-home
31 drugs, biologicals, supplies, appliances and equipment; nursing, pharmacy and dietary services;
32 and supportive and administrative services required to provide Psychiatric Inpatient Hospital
33 Services. Ancillary services do not include physician or psychologist services that are separately
34 billed to DHCS.

35 R. ITP means Individualized Treatment Plan for each Client. All psychiatric,
36 psychological, and social services must be compatible with the ITP.

37 S. Lanterman-Petris-Short (LPS) Act means Lanterman Petris-Short and refers to the
Act that went into effect July 1, 1972 in California. The Act in effect ended all hospital
commitments by the judiciary system, except in the case of criminal sentencing (e.g., convicted
sexual offenders) and those who were "gravely disabled" defined as unable to obtain food,
clothing, or shelter. It expanded the evaluative power of psychiatrists and created provisions and
criteria for involuntary detentions. Cal. Welf & Inst. Code, sec. 5000 *et seq.* provides guidelines
for handling involuntary civil commitment to a mental health institution in the State of California.

T. Licensed Clinical Social Worker (LCSW) means a licensed individual, pursuant to
the provisions of Chapter 14 of the California Business and Professions Code, who can provide
clinical services to individuals they serve. The license must be current and in force and not
suspended or revoked.

1 U. Licensed Marriage Family Therapist (MFT) means a licensed individual, pursuant
 2 to the provisions of Chapter 13 and 14 of the California Business and Professions Code, who can
 3 provide clinical services to individuals they serve. The license must be current and in force and
 not suspended or revoked.

4 V. Licensed Professional Clinical Counselor (LPCC) means a licensed individual,
 5 pursuant to the provisions of Chapter 13 and 16 of the California Business and Professions Code,
 6 who can provide clinical service to individuals they serve. The license must be current and in
 force and not suspended or revoked.

7 W. Licensed Psychiatric Technician (LPT) means a licensed individual, pursuant to
 8 the provisions of Chapter 10 of the California Business and Professions Code, who can provide
 9 clinical services to individuals they serve. The license must be current and in force and not
 suspended or revoked.

10 X. Licensed Psychologist means an individual who meets the minimum professional
 11 and licensure requirements set forth in CCR, Title 9, Section 624; they are a licensed individual,
 12 pursuant to the provisions of Chapter 6.6 of the California Business and Professions Code, who
 13 can provide clinical services to individuals they serve. The license must be current and in force
 and not suspended or revoked.

14 Y. Licensed Vocational Nurse (LVN) means a licensed individual, pursuant to the
 15 provisions of Chapter 6.5 of the California Business and Professions Code, who can provide
 16 clinical services to individuals they serve. The license must be current and in force and not
 suspended or revoked.

17 Z. Live Scan means an inkless, electronic fingerprint which is transmitted directly to
 18 the Department of Justice (DOJ) for the completion of a criminal record check, typically required
 19 of employees who have direct contact with the individuals served.

20 AA. Long Term Care (LTC) means COUNTY department that reviews referrals for
 placement in COUNTY-contracted long term care facilities.

21 AB. Medi-Cal means the State of California's implementation of the federal Medicaid
 22 health care program which pays for a variety of medical services for children and adults who
 meet eligibility criteria.

23 AC MRI means Magnetic Resonance Imaging and refers to a medical imaging
 24 technique used in radiology to visualize detailed internal structures.

25 AD. Medical Necessity means the requirements as defined in the MHP Medical
 26 Necessity for Medi-Cal reimbursed Specialty Mental Health Services that includes diagnosis,
 27 impairment criteria and intervention related criteria. Meeting medical necessity for acute
 28 psychiatric inpatient hospital services includes the Client has an included DSM/ICD diagnosis;
 29 the Client cannot be safely treated at a lower level of care; and the Client requires psychiatric
 30 inpatient hospital services, as a result of a mental disorder, due to symptoms or behaviors that
 represent a current danger to self or others, or significant property destruction; and/or prevent the
 Client from providing for, or utilizing, food, clothing, shelter; and/or present a severe risk to the
 Client's physical health; and/or represent a recent, significant deterioration in ability to function.

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

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

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

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

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

17 AF. MHSA means Mental Health Services Act and refers to the law that provides
18 funding for expanded community mental health services. It is also known as "Proposition 63."

19 AG. NPI means National Provider Identification and refers to the standard unique
20 health identifier that was adopted by the Secretary of Health and Human Services (HHS) under
21 HIPAA for health care providers. All HIPAA covered healthcare providers, individuals and
22 organizations must obtain an NPI for use to identify themselves in HIPAA standard transactions.
23 The NPI is assigned for life.

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

27 AI. Outreach means linking individuals to appropriate Mental Health Services within
28 the community. Outreach activities will include educating the community about the services
29 offered and requirements for participation in the various mental health programs within the
30 community. Such activities will result in CONTRACTOR developing its own Referral sources
31 for programs being offered within the community.

32 AJ. Peer Recovery Specialist/Counselor means an individual in a paid position who
33 has been through the same or similar Recovery process as those being assisted to attain their
34 Recovery goals at the facility ~~in the CSU~~. A Peer Recovery Specialist practice is informed by
35 personal experience.

36 AK. PHI means Protected Health Information and refers to individually identifiable
37 health information usually transmitted by electronic media, maintained in any medium as defined
in the regulations, or for an entity such as a health plan, transmitted or maintained in any other
medium. It is created or received by a covered entity and relates to the past, present, or future
physical or mental health or condition of an individual, provision of health care to an individual,
or the past, present, or future payment for health care provided to an individual.

 AL. Psychiatric Inpatient Hospital Services means services, including ancillary
services, provided either in an acute care hospital or a free-standing psychiatric hospital for the
care and treatment of an acute episode of mental illness. Services provided in a free-standing
hospital may only be reimbursed for persons age twenty-one (21) or younger and sixty-five (65)
or older. If the person were receiving such services prior to the person's twenty-first birthday and
continues to require and receives services without interruption, the eligibility for services

continues to the date the person no longer requires such services, or the person's twenty-second birthday, whichever is earlier.

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

AN. Recovery means a "deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness. Ultimately, because recovery is a personal and unique process, everyone with a psychiatric illness develops his or her own definition of recovery. However, certain concepts or factors are common to recovery." (William Anthony, 1993).

AO. Referral means providing effective linkage of a Client to another service, with follow-up provided within five (5) business days to assure that the Client has made contact with the referred service.

AP. Registered Nurse (RN) means a licensed individual, pursuant to the provisions of Chapter 6 of the California Business and Professions Code, who can provide clinical services to the individuals served. The license must be current and in force and not suspended or revoked.

AQ. Seriously Emotionally Disturbed (SED) means children or adolescent minors under the age of eighteen (18) years who have a behavioral health disorder, as identified in the most recent edition of the DSM and/or the ICD 10, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. W&I 5600.3.

AR. Serious Medical Conditions means conditions that require urgent health care services, defined as any preventive, diagnostic, treatment, or supportive services, including professional services, which may be medically necessary to protect life, present significant disability, and/or treat diseases, illnesses, or injuries in order to prevent serious deterioration of health.

AS. Serious Persistent Mental Impairment (SPMI) means an adult with a behavioral health disorder severe in degree and persistent in duration, which may cause behavioral functioning that interferes substantially with the primary activities of daily living and may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. W&I 5600.3.

AT. SNF means Skilled Nursing Facility and refers to a facility that provides twenty-four (24)-hour/day skilled nursing care and supervision.

AU. SSI/SSP means Supplemental Security Income/State Supplemental Income and refers to revenue resources paid to an eligible Client, or the Client's payee, by the federal Social Security Administration.

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

AW. UOS means units of service and refers to one (1) calendar day during which CONTRACTOR provides all of the Mental Health Inpatient Services described hereunder, with the day beginning at twelve o'clock midnight. The number of billable UOS shall include the day of admission and exclude the day of discharge unless admission and discharge occur on the same day, then one (1) day shall be charged.

1 and have COUNTY approved complaint forms and complaint envelopes readily accessible to Clients.

2 C. In addition to those processes provided by ADMINISTRATOR, CONTRACTOR shall
3 have complaint resolution and grievance processes approved by ADMINISTRATOR, to which the
4 Client shall have access.

5 1. CONTRACTOR's complaint resolution processes shall emphasize informal, easily
6 understood steps designed to resolve disputes as quickly and simply as possible.

7 2. CONTRACTOR's complaint resolution and grievance processes shall incorporate
8 COUNTY's grievance, patients' rights, and utilization management guidelines and procedures.

9 D. Complaint Resolution and Grievance Process – CONTRACTOR shall implement complaint
10 and grievance procedures that shall include the following components:

11 1. Complaint Resolution. This process will specifically address and attempt to resolve
12 Client complaints and concerns at CONTRACTOR's facility. Examples of such complaints may
13 include dissatisfaction with services or with the quality of care, or dissatisfaction with the condition of
14 the physical plant. CONTRACTOR shall maintain and make available a log of these informal
15 complaints to ADMINISTRATOR or County Patient's Rights Advocacy Services (PRAS). If a
16 complaint is resolved at the facility level, Client's still have the right to file a formal grievance with
17 COUNTY or County PRAS.

18 2. Formal Grievance. The Client, or client family member or designee, has the right to
19 file a formal grievance via County Grievance Forms available on the unit. This includes new grievances
20 or complaints, as well as those informal complaints not resolved at the CONTRACTOR's facility level.
21 County Grievance forms are mailed to HCA Mental Health and Recovery Services (MHRS) Quality
22 Management Services (QMS) and represents the first step in the formal grievance process.
23 CONTRACTOR shall maintain and make available a log of these formal complaints to
24 ADMINISTRATOR or County PRAS.

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

29 E. The Parties agree that Clients have recourse to initiate a complaint to CONTRACTOR,
30 appeal to the County Patients' Rights Advocacy Services, file a formal grievance, and file a Title IX
31 complaint. The Patients' Rights Advocate shall advise and assist the Client, investigate the cause of the
32 complaint or grievance, and attempt to resolve the matter.

33 F. CONTRACTOR shall work collaboratively with County PRAS, including providing timely
34 access to medical records and access to Clients and unit.

35 G. CONTRACTOR shall notify PRAS of all minor admissions within 24 hours of admission.

36 H. No provision of this Agreement shall be construed as replacing or conflicting with the
37 duties of County PRAS pursuant to Welfare and Institutions Code Section 5500.

1 I. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
 2 Patient's Rights Paragraph of this Exhibit A to the Agreement.

3
 4 ~~A. CONTRACTOR shall comply with all Patients' Rights requirements as outlined in the Welfare &
 5 Institutions Code, California Code of Regulations Title 9, and County of Orange LPS Criteria for
 6 Designated Facilities.~~

7 ~~B. CONTRACTOR shall post the current California Department of Mental Health Patients' Rights
 8 poster as well as the Orange County HCA Mental Health Plan Complaint and Grievance poster
 9 prominently in all Orange County threshold languages in locations readily available to Clients and staff
 10 and have COUNTY approved complaint forms and complaint envelopes readily accessible to Clients.~~

11 ~~BC. In addition to those processes provided by ADMINISTRATOR, CONTRACTOR shall have
 12 complaint resolution and grievance processes approved by ADMINISTRATOR, to which the Client
 13 shall have access.~~

14 ~~1. CONTRACTOR's complaint resolution processes shall emphasize informal, easily
 15 understood steps designed to resolve disputes as quickly and simply as possible.~~

16 ~~2. CONTRACTOR's complaint resolution and grievance processes shall incorporate
 17 COUNTY's grievance, patients' rights, and utilization management guidelines and procedures.~~

18 ~~CD. Complaint Resolution and Grievance Process — ADMINISTRATOR CONTRACTOR shall
 19 implement complaint and grievance procedures that shall include the following components:~~

20 ~~1. Complaint Resolution. This process will specifically address and attempt to resolve Client
 21 complaints and concerns at CONTRACTOR's facility. Examples of such complaints may include
 22 dissatisfaction with services or with the quality of care, or dissatisfaction with the condition of the
 23 physical plant. CONTRACTOR shall maintain and make available a log of these informal complaints to
 24 ADMINISTRATOR or County Patient's Rights Advocacy Services (PRAS). If a complaint is resolved
 25 at the facility level, Client's still have the right to file a formal grievance with COUNTY or County
 26 PRAS.~~

27 ~~2. Formal Grievance. When the Client's complaint is not resolved at CONTRACTOR's
 28 facility and the Client Client, or Client representative client family member or designee, has the right to
 29 file requests it, the complaint becomes a formal grievance via County Grievance Forms available on the
 30 unit. This includes new grievances or complaints, as well as those informal complaints not resolved at
 31 the CONTRACTOR's facility level. The request is made County Grievance forms are mailed to County
 32 Mental Health Inpatient Services HCA Mental Health and Recovery Services (MHRS) Quality
 33 Management Services (QMS) and represents the first step in the formal grievance process.
 34 CONTRACTOR shall maintain and make available a log of these formal complaints to
 35 ADMINISTRATOR or County PRAS.~~

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

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

~~DE. The Parties agree that Clients have recourse to initiate a complaint to CONTRACTOR, appeal to the County Patients' Rights Office Advocacy Services, file a formal grievance, and file a Title IX complaint. The Patients' Rights Advocate shall advise and assist the Client, investigate the cause of the complaint or grievance, and attempt to resolve the matter.~~

~~F. CONTRACTOR shall work collaboratively with County PRAS, including providing timely access to medical records and access to Clients and unit.~~

~~G. CONTRACTOR shall notify PRAS of all minor admissions within 24 hours of admission.~~

~~EH. No provision of this Agreement shall be construed as replacing or conflicting with the duties of County Patients' Rights Office PRAS pursuant to Welfare and Institutions Code Section 5500.~~

~~FI. CONTRACTOR AND ADMINISTRATOR may mutually agree, in writing, to modify the Patient's Rights Paragraph of this Exhibit A to the Agreement.~~

IV. PAYMENTS

A. CONTRACTOR shall be reimbursed for services provided at the following Bed Day Rates per client day for acute Psychiatric Inpatient Hospital Services, based on the following accommodation codes and age groups:

Accommodation Code	Description	Rate					Pay Source
		Period One	Period Two	Period Three	Period Four	Period Five	
114-204	Acute Day Adolescent/ Child Psychiatric, Ages 12 through 17	\$1,025	\$1,025	\$1,025	\$1300	\$1300	DHCS
114 - 204	Acute Day Adult Psychiatric, Ages 18 through 21 and 65 years and older	\$950	\$950	\$950	\$1200	\$1200	DHCS

1	114-204	Acute Day	\$950	\$950	\$950	\$1200	\$1200	HCA
2		Adult Psychiatric,						
3		Ages 22 through 64						
4		years (<i>IMD Exclusion</i>						
5		<i>Population</i>)						
6	169	Administrative Day	<u>Curr</u>	<u>Curren</u>	<u>Current</u>	<u>Current</u>	<u>Current</u>	HCA =
7		All Ages	<u>ent</u>	<u>t</u>	<u>DHCS</u>	<u>DHCS</u>	<u>DHCS</u>	IMD
8			<u>DH</u>	<u>DHCS</u>	<u>Rate</u>	<u>Rate</u>	<u>Rate</u>	Exclusion
9			<u>CS</u>	<u>Rate</u>				Population
10			<u>Rate</u>					DHCS =
11								All other
12								ages

- 13 1. The rate for Accommodation Code 169 is established and adjusted by DHCS.
- 14 2. The number of billable Units of Service shall include the day of admission and exclude
- 15 the day of discharge. If admission and discharge occur on the same day, the day of admission shall be
- 16 charged.
- 17 3. The Bed Day Rates stated above do not include ECT or MRI Services. The rates for
- 18 ECT and MRI Services shall apply only for the day(s) in which the Client received an approved ECT or
- 19 MRI (rates listed below). These ECT/MRI Rates reflect CONTRACTOR’s reimbursement only, and
- 20 associated psychiatric professional services shall be billed to COUNTY’s ASO, and medical services
- 21 billed to the Client’s Managed Care Plan. CONTRACTOR must obtain prior approval from
- 22 ADMINISTRATOR to perform the ECT or MRI in order to be reimbursed. CONTRACTOR shall
- 23 submit to ADMINISTRATOR ECT and MRI invoices that indicate for whom services were provided,
- 24 the date of service, and shall be supported with such documentation as may be required by
- 25 ADMINISTRATOR.

Description	Rate
Psychiatric, ECT	N/A
Psychiatric, MRI	N/A

- 32 4. For MediCal Beneficiaries, ages 12 – 21 years old, or 65 years and older:
- 33 a. DHCS may reimburse Administrative Days for dates in which documentation does
- 34 not meet requirements for Acute Day reimbursement, contingent upon CONTRACTOR documentation
- 35 of services that qualify for Administrative Day reimbursement.
- 36 b. Bed Day Rates do not include physician or psychologist services rendered to

1 Clients, or transportation services required in providing Psychiatric Inpatient Hospital services. These
 2 services shall be billed separately from the above per diem rate for Psychiatric Inpatient Hospital
 3 Services as follows:

4 1) When Medi-Cal eligible mental health services are
 5 provided by a psychiatrist or psychologist, such services shall be billed to COUNTY's ASO. Prior
 6 authorization and notification are not required prior to providing these services.

7 2) When Medi-Cal eligible medical services are provided by a physician, such
 8 services shall be billed to the designated Managed Care Plan, depending on the Client's health coverage
 9 benefit. Prior authorization and notification may be required prior to providing these services; such
 10 authorization and notification is the responsibility of CONTRACTOR.

11 3) When Medi-Cal eligible transportation services are provided, such services
 12 shall be billed to the designated Managed Care Plan, depending on the Client's health coverage benefit.
 13 Prior authorization and notification may be required prior to providing these services; such authorization
 14 and notification is the responsibility of CONTRACTOR.

15 5. For MediCal Beneficiaries, ages 22 – 64 years old (IMD Exclusion
 16 Population):

17 a. COUNTY shall pay CONTRACTOR, at the Bed Day Rates listed above, provided
 18 that the total of all payments to CONTRACTOR shall not exceed COUNTY's Total Amount Not To
 19 Exceed for each contract Period as specified in the Referenced Contract Provisions of the Agreement.

20 b. HCA may reimburse Administrative Days for dates in which documentation does
 21 not meet requirements for Acute Day reimbursement, contingent upon CONTRACTOR documentation
 22 of services that qualify for Administrative Day reimbursement.

23 c. Bed Day Rates are inclusive of all Psychiatric Inpatient Hospital Services as
 24 defined in this Exhibit A to the Agreement and shall constitute payment in full for these services,
 25 including those for physician or psychologist services rendered to Clients.

26 B. Billing Procedures

27 1. CONTRACTOR must obtain an NPI.

28 2. CONTRACTOR must bill Medicare and Third-Party Insurers prior to billing HCA or
 29 DHCS for services. CONTRACTOR shall make all efforts to contract with Third Party Insurers for
 30 repayment of services rendered.

31 3. CONTRACTOR shall determine that Psychiatric Inpatient Hospital Services provided
 32 pursuant to this Agreement are not covered, in whole or in part, under any other state or federal medical
 33 care program or under any other contractual or legal entitlement including, but not limited to, a private
 34 group indemnification or insurance program or Workers' Compensation Program before seeking
 35 reimbursement by DHCS or HCA. CONTRACTOR shall seek to be reimbursed by other coverage prior
 36 to seeking reimbursement by DHCS or HCA. DHCS' s and HCA's maximum obligation shall be
 37 reduced if other coverage is available, regardless of whether CONTRACTOR seeks and obtains such

1 reimbursement.

2 a. CONTRACTOR shall notify ADMINISTRATOR's third-party contractor
3 performing concurrent review authorizations on the day that the primary health insurance benefit has
4 been exhausted, or the day the other health insurance benefit is known to be denied, if the Client has
5 other health insurance coverage in addition to Medi-Cal, and CONTRACTOR intends to seek DHCS or
6 HCA reimbursement for all or a portion of the hospital stay.

7 4. For MediCal Beneficiaries, ages 12 – 21 years old, or 65 years and older:

8 a. CONTRACTOR shall invoice DHCS for each client day, approved by
9 ADMINISTRATOR, for each Client who meets notification, admission and/or continued stay criteria,
10 documentation requirements, treatment and discharge planning requirements and, except for day of
11 admission, occupies a psychiatric inpatient hospital bed at 12:00 AM in CONTRACTOR's facility for
12 each client day charged. CONTRACTOR may invoice DHCS if the Client is admitted and discharged
13 during the same day; provided, however, that such admission and discharge is not within twenty-four
14 (24) hours of a prior discharge.

15 b. CONTRACTOR shall submit claims to DHCS's fiscal intermediary for all services
16 rendered pursuant to the Agreement, in accordance with the applicable invoice and billing requirements
17 contained in WIC, Section 5778.

18 5. For MediCal Beneficiaries, ages 22 – 64 years old (IMD Exclusion Population):

19 a. CONTRACTOR shall invoice HCA for each client day, approved by HCA, for
20 each Client who meets notification, admission and/or continued stay criteria, documentation
21 requirements, treatment and discharge planning requirements and, except for day of admission, occupies
22 a psychiatric inpatient hospital bed at 12:00 AM in CONTRACTOR's facility for each client day
23 charged. CONTRACTOR may invoice HCA if the Client is admitted and discharged during the same
24 day; provided, however, that such admission and discharge is not within twenty-four (24) hours of a
25 prior discharge.

26 b. CONTRACTOR shall submit an invoice on a form approved or supplied by
27 COUNTY and provide such information as required by ADMINISTRATOR. Invoices are due the tenth
28 (10th) day of the following month. Invoices received after the due date may not be paid within the same
29 month. Payments to CONTRACTOR should be released by COUNTY no later than thirty (30) calendar
30 days after receipt of a correctly completed invoice.

31 c. Upon receipt of a correctly completed billing form and all required supporting
32 documentation, ADMINISTRATOR shall:

33 1) Approve and process the invoice once reconciled against applicable Concurrent
34 Review authorizations for medical necessity criteria for the requested reimbursement period, as well as
35 ensure a Treatment Authorization Request (TAR) has been completed and processed.

36 2) Deny the claim if Concurrent Review and/or TAR are not present for the
37 requested reimbursement period.

1 C. Overpayments

2 1. CONTRACTOR agrees that DHCS or HCA may recoup any such overpayment by
3 withholding the amount owed to DHCS or HCA from future payments due CONTRACTOR, in the
4 event that an audit or review performed by ADMINISTRATOR, DHCS, the State Controller's Office, or
5 any other authorized agency discloses that CONTRACTOR has been overpaid.

6 2. CONTRACTOR agrees that DHCS or HCA may recoup funds from prior year's
7 overpayments, which occurred prior to the effective date of the Agreement, by withholding the amount
8 currently owed to CONTRACTOR by DHCS or HCA.

9 3. CONTRACTOR may appeal recoupments according to applicable procedural
10 requirements of the regulations adopted pursuant to Welfare and Institutions Code and DHCS
11 regulations and Provider Billing Manual:

12 a) The recovery or recoupment shall commence sixty (60) calendar days after
13 issuance of account status or demand resulting from an audit or review and shall not be deferred by the
14 filing of a request for an appeal according to the applicable regulations.

15 b) CONTRACTOR's liability to COUNTY for any amount recovered shall be as
16 described in the applicable regulations.

17 D. Customary Charges Limitation – DHCS's obligation to CONTRACTOR shall not exceed
18 CONTRACTOR's total customary charges for like services during each hospital fiscal year or portion
19 thereof in which the Agreement is in effect. DHCS may recoup any portion of the total payments to
20 CONTRACTOR which are in excess of CONTRACTOR's total customary charges.

21 E. CONCURRENT REVIEW - CONTRACTOR shall comply with Concurrent Review
22 requirements per DHCS Behavioral Health Information Notice (BHIN) 19-026, BHIN 22-017, and any
23 subsequent regulations per DHCS, including:

24 1. CONTRACTOR shall notify ADMINISTRATOR'S third-party contractor for Initial and
25 Concurrent Review and Authorization of services within twenty-four (24) hours of Client admission.

26 2. CONTRACTOR shall participate in ongoing concurrent reviews with
27 ADMINISTRATOR's third-party contractor for ongoing authorization of treatment based upon medical
28 necessity criteria.

29 3. CONTRACTOR shall notify ADMINISTRATOR's third-party contractor of any client
30 discharge within twenty-four (24) hours, excluding weekends and holidays, of the Client's discharge.
31 CONTRACTOR shall include the Client's name, discharge date, discharge placement and placement
32 phone number. CONTRACTOR shall inform COUNTY of where the Client has been referred for
33 continuing treatment, along with the facility's phone number, contact person and the Client's first
34 appointment time and date.

35 F. TREATMENT AUTHORIZATION REQUESTS (TARs) - CONTRACTOR shall submit a
36 complete, accurate, and legible 18-3 TAR and required supporting clinical records to
37 ADMINISTRATOR no later than fourteen (14) calendar days after:

1 1. Ninety-nine (99) calendar days of continuous service to a Client, and/or

2 2. Discharge.

3 G. CONTRACTOR shall resubmit the 18-3 TAR and any additional information requested, no
4 later than sixty (60) calendar days from the date of the deferral letter, in the event ADMINISTRATOR
5 defers the 18-3 TAR back to CONTRACTOR to obtain further information.

6 H. TAR DENIALS –

7 1. For MediCal Beneficiaries, ages 12 – 21 years old, or 65 years and older:
8 CONTRACTOR may appeal within ninety (90) calendar days, in writing, a denied request for
9 reimbursement to ADMINISTRATOR. In the event that the appeal is denied by ADMINISTRATOR,
10 CONTRACTOR may continue the appeals process by writing directly to DHCS within thirty (30)
11 calendar days of ADMINISTRATOR’s decision. The decision of DHCS shall be final.

12 2. For MediCal Beneficiaries, ages 22 – 64 years old (IMD Exclusion Population):
13 CONTRACTOR may appeal ADMINISTRATOR’s decision to deny the claim through the following
14 process:

15 a. CONTRACTOR shall send a cover letter with an explanation of CONTRACTOR’s
16 disagreement to ADMINISTRATOR within ninety (90) calendar days of receiving the denial.

17 b. ADMINISTRATOR shall submit to CONTRACTOR a written summary of the
18 review and rationale for each decision within sixty (60) calendar days of receiving the letter of appeal.
19 The decision of ADMINISTRATOR shall be final.

20 c. In the event that the appeal is overturned, ADMINISTRATOR shall coordinate
21 with CONTRACTOR regarding the submission of an adjusted invoice.

22 I. In order to receive Administrative Bed Day Rate payment, CONTRACTOR must
23 document, in the Client’s medical record, each contact with the appropriate placement facility or the
24 person or agency responsible for placement as required for Administrative Day criteria.
25 CONTRACTOR must continue to document contacts with appropriate placement facilities until the
26 Client is discharged. Contacts shall be documented by a brief description of the placement facilities
27 reported bed availability status, reason for denial if applicable, and the signature of the person making
28 the contact.

29 1. ADMINISTRATOR shall monitor the Client’s status, the appropriateness of the
30 facilities being contacted for referral, and/or the Client’s chart to determine if the Client’s status has
31 changed.

32 J. CONTRACTOR shall notify the Regional Center Service Coordinator and Nurse
33 Consultant of a Regional Center client’s admission within twenty-four (24) hours of admission or within
34 twenty-four (24) hours of identifying that a Client is a Regional Center client.

35 1. CONTRACTOR shall notify both the Client’s Regional Center Service Coordinator
36 and one of the Regional Center Nurse Consultants of the intent to seek their placement services. Such
37 notification must occur on or before the date for which CONTRACTOR intends to seek Administrative

Day reimbursement. CONTRACTOR may seek reimbursement from Regional Center for all Administrative Days after the first three (3) Administrative Days.

K. CONTRACTOR shall provide Psychiatric Inpatient Hospital Services in the same manner to Medi-Cal clients as it provides to all other clients and will not discriminate against Medi-Cal clients in any manner, including admission practices, placement in special wings or rooms, or provision of special or separate meals.

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

~~A. CONTRACTOR shall be reimbursed by DHCS, for those individuals 21 years of age and younger and those 65 years of age and older, for services provided at the following all-inclusive rates Bed Day Rates per client day for acute Psychiatric Inpatient Hospital Services, and based on the following accommodation codes and age groups:~~

Accommodation Code	Description	Rate			Pay Source
		Period One	Period Two	Period Three	
114-204	Acute Day Adolescent/ Child Psychiatric, Ages 12 through 17	\$1,025.00	\$1,025.00	\$1,025.00	DHCS
114-204	Acute Day Adult Psychiatric, Ages 18 through 21 and 65 years and older	\$950.00	\$950.00	\$950.00	DHCS
114-204	Acute Day Adult Psychiatric, Ages 22 through 64 years (IMD Exclusion)	\$950.00	\$950.00	\$950.00	HCA

	<u>Population)</u>				
<u>169</u>	<u>Administrative Day, All Ages</u>	<u>Current DHCS Rate</u>	<u>Current DHCS Rate</u>	<u>Current DHCS Rate</u>	<u>HCA – IMD Exclusion Population DHCS – All other ages</u>

~~1. The rate for Accommodation Code 169 is established and adjusted by the DHCS.~~

~~2. Rates are inclusive of all Psychiatric Inpatient Hospital Services as defined in this Exhibit A to the Agreement and shall constitute payment in full for these services.~~

~~32. The number of billable Units of Service shall include the day of admission and exclude the day of discharge. If admission and discharge occur on the same day, the day of admission shall be charged.~~

~~43. The Bed Day Rates stated above do not include ECT or MRI Services. The rates for ECT and MRI Services shall apply only for the day(s) in which the Client received an approved ECT or MRI (rates listed below). These ECT/MRI Rates reflect CONTRACTOR’s reimbursement only, and associated psychiatric professional services shall be billed to COUNTY’s ASO, and medical services billed to the Client’s Managed Care Plan. CONTRACTOR must obtain prior approval from ADMINISTRATOR to perform the ECT or MRI in order to be reimbursed. CONTRACTOR shall submit to ADMINISTRATOR ECT and MRI invoices that indicate for whom services were provided, the date of service, and shall be supported with such documentation as may be required by ADMINISTRATOR.~~

<u>Description</u>	<u>Rate</u>
<u>Psychiatric, ECT</u>	<u>N/A</u>
<u>Psychiatric, MRI</u>	<u>N/A</u>

~~4. For MediCal Beneficiaries, ages 12 – 21 years old, or 65 years and older:~~

~~a. DHCS may reimburse Administrative Days for dates in which documentation does not meet requirements for Acute Day reimbursement, contingent upon CONTRACTOR documentation of services that qualify for Administrative Day reimbursement.~~

~~b. 5. Bed Day Rates Rates do not include physician or psychologist services~~

1 rendered to Clients, or transportation services required in providing Psychiatric Inpatient Hospital
2 services. These services shall be billed separately from the above per diem rate for Psychiatric Inpatient
3 Hospital Services as follows:

4 ~~_____ a1) When Medi Cal eligible mental health services are provided by a psychiatrist or
5 psychologist, such services shall be billed to COUNTY's ASO. Prior authorization and notification are
6 not required prior to providing these services.~~

7 ~~_____ 2b) When Medi Cal eligible medical services are provided by a physician, such
8 services shall be billed to the designated CalOptima Plan or CalOptima Direct Managed Care Plan,
9 depending on the Client's health coverage benefit. Prior authorization and notification may be required
10 prior to providing these services; such authorization and notification is the responsibility of
11 CONTRACTOR.~~

12 ~~_____ e3) When Medi Cal eligible transportation services are provided, such services shall be
13 billed to the designated CalOptima Plan or CalOptima Direct Managed Care Plan, depending on the
14 Client's health coverage benefit. Prior authorization and notification may be required prior to providing
15 these services; such authorization and notification is the responsibility of CONTRACTOR.~~

16 ~~_____ 5. For MediCal Beneficiaries, ages 22—64 years old (IMD Exclusion Population):~~

17 ~~_____ a. COUNTY shall pay CONTRACTOR, at the Bed Day Rates listed above, provided that the
18 total of all payments to CONTRACTOR shall not exceed COUNTY's Maximum Obligation for each
19 contract Period as specified in the Referenced Contract Provisions of the Agreement.~~

20 ~~_____ b. HCA may reimburse Administrative Days for dates in which documentation does not meet
21 requirements for Acute Day reimbursement, contingent upon CONTRACTOR documentation of
22 services that qualify for Administrative Day reimbursement.~~

23 ~~_____ c. Bed Day Rates are inclusive of all Psychiatric Inpatient Hospital Services as defined in this
24 Exhibit A to the Agreement and shall constitute payment in full for these services, including those for
25 physician or psychologist services rendered to Clients.~~

26 ~~_____ 6. The client daily rates stated above do not include ECT or MRI Services. The rates for ECT
27 and MRI Services shall apply only for the day(s) in which the Client received an approved ECT or MRI
28 (rates listed below). These rates reflect CONTRACTOR's reimbursement only and associated
29 professional services shall be billed to COUNTY's ASO, the designated CalOptima Plan or CalOptima
30 Direct. CONTRACTOR must obtain prior approval from ADMINISTRATOR to perform the ECT or
31 MRI in order to be reimbursed. CONTRACTOR shall submit to ADMINISTRATOR ECT and MRI
32 invoices that indicate for whom services were provided, the date of service, and shall be supported with
33 such documentation as may be required by ADMINISTRATOR.~~

_____ Description	Rate
_____ Psychiatric, ECT	N/A

Psychiatric, MRI	N/A
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~~B. Billing Procedures~~

~~1. CONTRACTOR must obtain an NPI.~~

~~2. CONTRACTOR must bill Medicare and Third Party Insurers prior to billing HCA or DHCS for services. CONTRACTOR shall make all efforts to contract with Third Party Insurers for repayment of services rendered.~~

~~2. CONTRACTOR shall determine that Psychiatric Inpatient Hospital Services provided pursuant to this Agreement are not covered, in whole or in part, under any other state or federal medical care program or under any other contractual or legal entitlement including, but not limited to, a private group indemnification or insurance program or Workers' Compensation Program before seeking reimbursement by DHCS or HCA. CONTRACTOR shall seek to be reimbursed by other coverage prior to seeking reimbursement by DHCS or HCA. DHCS's maximum obligation shall be reduced if other coverage is available, regardless of whether CONTRACTOR seeks and obtains such reimbursement.~~

~~a. CONTRACTOR shall notify ADMINISTRATOR's third party contractor performing concurrent review authorizations on the day that the primary health insurance benefit has been exhausted, or the day the other health insurance benefit is known to be denied, if the Client has other health insurance coverage in addition to Medi-Cal, and CONTRACTOR intends to seek DHCS or HCA reimbursement for all or a portion of the hospital stay.~~

~~3. For MediCal Beneficiaries, ages 12—21 years old, or 65 years and older:~~

~~a. CONTRACTOR shall invoice DHCS for each client day, approved by ADMINISTRATOR, for each Client who meets notification, admission and/or continued stay criteria, documentation requirements, treatment and discharge planning requirements and, except for day of admission, occupies a psychiatric inpatient hospital bed at 12:00 AM in CONTRACTOR's facility for each client day charged. CONTRACTOR may invoice DHCS if the Client is admitted and discharged during the same day; provided, however, that such admission and discharge is not within twenty four (24) hours of a prior discharge.~~

~~b. 3. CONTRACTOR shall determine that Psychiatric Inpatient Hospital Services provided pursuant to this Agreement are not covered, in whole or in part, under any other state or federal medical care program or under any other contractual or legal entitlement including, but not limited to, a private group indemnification or insurance program or Workers' Compensation Program before seeking reimbursement by DHCS. CONTRACTOR shall seek to be reimbursed by other coverage prior to seeking reimbursement by DHCS. DHCS's maximum obligation shall be reduced if other coverage is available, regardless of whether CONTRACTOR seeks and obtains such reimbursement.~~

~~4. CONTRACTOR shall submit claims to DHCS's fiscal intermediary for all services rendered for youth ages 12—17 years, adults aged 18—21 years, and older adults age 65+ years,~~

1 pursuant to the Agreement, in accordance with the applicable invoice and billing requirements contained
2 in WIC, Section 5778.”

3 ~~4. For MediCal Beneficiaries, ages 22 – 64 years old (IMD Exclusion Population):~~

4 ~~5. CONTRACTOR shall submit claims to OC MHP for all services rendered to~~
5 ~~individuals aged 22 years and 64 years of age, pursuant to the Agreement, in accordance with the~~
6 ~~applicable invoice and billing requirements contained in WIC, Section 5778. a. CONTRACTOR shall~~
7 ~~invoice HCA for each client day, approved by HCA, for each Client who meets notification, admission~~
8 ~~and/or continued stay criteria, documentation requirements, treatment and discharge planning~~
9 ~~requirements and, except for day of admission, occupies a psychiatric inpatient hospital bed at 12:00~~
10 ~~AM in CONTRACTOR’s facility for each client day charged. CONTRACTOR may invoice HCA if the~~
11 ~~Client is admitted and discharged during the same day; provided, however, that such admission and~~
12 ~~discharge is not within twenty four (24) hours of a prior discharge.~~

13 ~~b. CONTRACTOR shall submit an invoice on a form approved or supplied by COUNTY~~
14 ~~and provide such information as required by ADMINISTRATOR. Invoices are due the tenth (10th) day~~
15 ~~of the following month. Invoices received after the due date may not be paid within the same month.~~
16 ~~Payments to CONTRACTOR should be released by COUNTY no later than thirty (30) calendar days~~
17 ~~after receipt of a correctly completed invoice.~~

18 ~~e. Upon receipt of a correctly completed billing form and all required supporting~~
19 ~~documentation, ADMINISTRATOR shall:~~

20 ~~1) Approve and process the invoice once reconciled against applicable Concurrent~~
21 ~~Review authorizations for medical necessity criteria for the requested reimbursement~~
22 ~~period, as well as ensure a Treatment Authorization Request (TAR) has been completed~~
23 ~~and processed.~~

24 ~~2) Deny the claim if Concurrent Review and/or TAR are not present for the~~
25 ~~requested reimbursement period.~~

26 ~~A. Reimbursement for these claims will be all inclusive of the services provided to~~
27 ~~the client, including physician professional services.~~

28 ~~5. CONTRACTOR may appeal within ninety (90) calendar days, in writing, a denied request~~
29 ~~for reimbursement to ADMINISTRATOR. In the event that the appeal is denied by~~
30 ~~ADMINISTRATOR, CONTRACTOR may continue the appeals process by writing directly to DHCS~~
31 ~~within thirty (30) calendar days of ADMINISTRATOR’s decision. The decision of DHCS shall be~~
32 ~~final.~~

33 ~~C. Overpayments~~

34 ~~1. CONTRACTOR agrees that DHCS or OCMHPHCA may recoup any such overpayment~~
35 ~~by withholding the amount owed to DHCS or OCMHPHCA from future payments due~~
36 ~~CONTRACTOR, in the event that an audit or review performed by ADMINISTRATOR, DHCS, the~~
37

1 ~~State Controller's Office, or any other authorized agency discloses that CONTRACTOR has been~~
2 ~~overpaid.~~

3 ~~2. CONTRACTOR agrees that DHCS or HCA may recoup funds from prior year's~~
4 ~~overpayments, which occurred prior to the effective date of the Agreement, by withholding the amount~~
5 ~~currently owed to CONTRACTOR by DHCS or HCA.~~

6 ~~3. CONTRACTOR may appeal recoupments according to applicable procedural requirements~~
7 ~~of the regulations adopted pursuant to Welfare and Institutions Code and DHCS regulations and~~
8 ~~Provider Billing Manual IC, Sections 5775, et seq. and 14680, et seq., with the following exceptions:~~

9 ~~a) The recovery or recoupment shall commence sixty (60) calendar days after issuance of~~
10 ~~account status or demand resulting from an audit or review and shall not be deferred by the filing of a~~
11 ~~request for an appeal according to the applicable regulations.~~

12 ~~b) CONTRACTOR's liability to COUNTY for any amount recovered shall be as~~
13 ~~described in WIC, Section 5778(h). the applicable regulations.~~

14 ~~D. Customary Charges Limitation — DHCS's obligation to CONTRACTOR shall not exceed~~
15 ~~CONTRACTOR's total customary charges for like services during each hospital fiscal year or portion~~
16 ~~thereof in which the Agreement is in effect. DHCS may recoup any portion of the total payments to~~
17 ~~CONTRACTOR which are in excess of CONTRACTOR's total customary charges.~~

18 ~~E. CONCURRENT REVIEW — CONTRACTOR shall comply with Concurrent Review Policies~~
19 ~~and Procedures requirements per DHCS Behavioral Health Information Notice (BHIN) 19-026, BHIN~~
20 ~~22-017, and any subsequent regulations per DHCS, including:~~

21 ~~1. CONTRACTOR shall notify ADMINISTRATOR'S third party contractor for Concurrent~~
22 ~~Initial and Concurrent Review and Authorization of services within twenty four (24) hours of Client~~
23 ~~admission.~~

24 ~~2. CONTRACTOR shall participate in ongoing concurrent reviews with ADMINISTRATOR's~~
25 ~~third party contractor for ongoing authorization of treatment based upon medical necessity criteria.~~

26 ~~3. CONTRACTOR shall notify ADMINISTRATOR's third party contractor of any client~~
27 ~~discharge within twenty four (24) hours, excluding weekends and holidays, of the Client's discharge.~~
28 ~~CONTRACTOR shall include the Client's name, discharge date, discharge placement and placement~~
29 ~~phone number. CONTRACTOR shall inform COUNTY of where the Client has been referred for~~
30 ~~continuing treatment, along with the facility's phone number, contact person and the Client's first~~
31 ~~appointment time and date.~~

32 ~~F. TREATMENT AUTHORIZATION REQUESTS (TARs) — CONTRACTOR shall submit a~~
33 ~~complete, accurate, and legible the 18-3 TAR and required supporting clinical records including client~~
34 ~~Face Sheet, Initial Psychiatric Evaluation, H&P, Daily Progress Notes by the MD/NP; SW Psychosocial~~
35 ~~Note; Discharge Summary and Discharge Aftercare Plan; For Administrative Days, include SW~~
36 ~~Progress Notes supporting Admin Day criteria for authorization of payment for Psychiatric Inpatient~~
37 ~~Hospital services to ADMINISTRATOR no later than fourteen (14) calendar days after:~~

1 ~~1. Ninety-nine (99) calendar days of continuous service to a Client, and/or~~

2 ~~2. Discharge.~~

3 ~~G. CONTRACTOR shall resubmit the 18-3 TAR and any additional information requested, no~~
4 ~~later than sixty (60) calendar days from the date of the deferral letter, in the event ADMINISTRATOR~~
5 ~~defers the 18-3 TAR back to CONTRACTOR to obtain further information.~~

6 ~~H. TAR DENIALS~~

7 ~~1. For MediCal Beneficiaries, ages 12-21 years old, or 65 years and older: CONTRACTOR~~
8 ~~may appeal within ninety (90) calendar days, in writing, a denied request for reimbursement to~~
9 ~~ADMINISTRATOR. In the event that the appeal is denied by ADMINISTRATOR, CONTRACTOR~~
10 ~~may continue the appeals process by writing directly to DHCS within thirty (30) calendar days of~~
11 ~~ADMINISTRATOR's decision. The decision of DHCS shall be final.~~

12 ~~2. For MediCal Beneficiaries, ages 22-64 years old (IMD Exclusion Population):~~
13 ~~CONTRACTOR may appeal ADMINISTRATOR's decision to deny the claim through the~~
14 ~~following process:~~

15 ~~a. CONTRACTOR shall send a cover letter with an explanation of~~
16 ~~CONTRACTOR's disagreement to ADMINISTRATOR within ninety (90) calendar days of~~
17 ~~receiving the denial.~~

18 ~~b. ADMINISTRATOR shall submit to CONTRACTOR a written summary of the~~
19 ~~review and rationale for each decision within sixty (60) calendar days of receiving the letter of~~
20 ~~appeal. The decision of ADMINISTRATOR shall be final.~~

21 ~~c. In the event that the appeal is overturned, ADMINISTRATOR shall coordinate~~
22 ~~with CONTRACTOR regarding the submission of an adjusted invoice.~~

23 ~~H. In order to receive Administrative Bed Day Rate payment, CONTRACTOR must document, in~~
24 ~~the Client's medical record, each contact with the appropriate placement facility or the person or agency~~
25 ~~responsible for placement as required for Administrative Day criteria. CONTRACTOR must continue~~
26 ~~to document contacts with appropriate placement facilities until the Client is discharged. Contacts shall~~
27 ~~be documented by a brief description of the placement facilities reported bed availability status, reason~~
28 ~~for denial if applicable, and the signature of the person making the contact.~~

29 ~~1. I. ADMINISTRATOR shall monitor the Client's status, the appropriateness of the facilities~~
30 ~~being contacted for referral, and/or the Client's chart to determine if the Client's status has changed.~~

31 ~~J. CONTRACTOR shall notify ADMINISTRATOR, prior to 12:00 PM Monday through Friday,~~
32 ~~excluding holidays, of the daily census of all Clients in which reimbursement for Psychiatric Inpatient~~
33 ~~Hospital Services will be requested. The census report following a weekend and/or holiday shall~~
34 ~~include any admissions made during that time.~~

35 ~~K. CONTRACTOR shall notify ADMINISTRATOR of any client discharge within twenty-four~~
36 ~~(24) hours, excluding weekends and holidays, of the Client's discharge. CONTRACTOR shall include~~
37 ~~the Client's name, discharge date, discharge placement and placement phone number. CONTRACTOR~~
~~shall inform COUNTY of where the Client has been referred for continuing treatment, along with the~~

1 facility's phone number, contact person and the Client's first appointment time and date.

2 ~~— L. CONTRACTOR shall notify the Regional Center Service Coordinator and Nurse Consultant of~~
 3 ~~a Regional Center client's admission within twenty-four (24) hours of admission or within twenty-four~~
 4 ~~(24) hours of identifying that a Client is a Regional Center client.~~

5 ~~— 1. M. CONTRACTOR shall notify both the Client's Regional Center Service~~
 6 ~~Coordinator and one of the Regional Center Nurse Consultants of the intent to seek their placement~~
 7 ~~services. Such notification must occur on or before the date for which CONTRACTOR intends to seek~~
 8 ~~Administrative Day reimbursement. CONTRACTOR may seek reimbursement from Regional Center~~
 9 ~~for all Administrative Days after the first three (3) Administrative Days.~~

10 ~~— N. CONTRACTOR shall notify ADMINISTRATOR on the day that the other health insurance~~
 11 ~~benefit has been exhausted, or the day the other health insurance benefit is known to be denied, if the~~
 12 ~~Client has other health insurance coverage in addition to Medi-Cal, and CONTRACTOR intends to seek~~
 13 ~~Medi-Cal reimbursement for all or a portion of the hospital stay.~~

14 ~~— O. CONTRACTOR shall provide Psychiatric Inpatient Hospital Services in the same manner to~~
 15 ~~Medi-Cal clients as it provides to all other clients and will not discriminate against Medi-Cal clients in~~
 16 ~~any manner, including admission practices, placement in special wings or rooms, or provision of special~~
 17 ~~or separate meals.~~

18 ~~— "P. INPATIENT BEHAVIORAL HEALTH SERVICES (IBHS) COUNTY shall~~
 19 ~~pay CONTRACTOR, at the following rates; provided, however, the total of all payments to~~
 20 ~~CONTRACTOR and all other contract providers of IBHS Services shall not exceed COUNTY's~~
 21 ~~Aggregate Maximum Obligation for Period One, Period Two, and Period Three as specified in~~
 22 ~~the Referenced Contract Provisions of the Agreement.~~

23 ~~Physician/Psychologist Services for the IMD Exclusion Population (Adults aged 22 — 64 years~~
 24 ~~old) COUNTY shall include reimbursement for physician and psychologist services in County's~~
 25 ~~reimbursement to hospital providers in the daily rate payment to Hospitals. Hospital providers~~
 26 ~~shall bill on behalf of the physician and/or psychologist providing services to County Clients and~~
 27 ~~Hospital providers are responsible for ensuring that this reimbursement is provided to the~~
 28 ~~physician and/or psychologist.~~

Description	RateP/		
	Period One	Period Two	Period Three
Acute Day Adult, Psychiatric Ages 22 through 64	\$950.00	\$950.00	\$950.00

years			
Administrative Day	Current DHCS Rate	Current DHCS Rate	Current DHCS Rate

~~P.~~

~~1. CONTRACTOR shall bill ADMINISTRATOR at the rate of \$950.00 per bed day for Orange County Medi-Cal beneficiaries admitted who are between the ages of 22 and 64 years of age and who meet the medical necessity for acute inpatient hospital services and the criteria approved by DHCS and the guidelines under Title 9, Chapter 11, Section 1820.202.~~

~~2. CONTRACTOR shall bill ADMINISTRATOR at DHCS set Administrative Day Rate for Orange County beneficiaries admitted between 22 and 64 years of age who no longer meet the medical necessity for Acute Day reimbursement, contingent upon CONTRACTOR documentation of services that qualify for Administrative Day reimbursement.~~

~~3. Rates are inclusive of all psychiatric inpatient hospital services and shall constitute payment in full for the services provided to the age group 22 through 64 years of age.~~

~~4. COUNTY will pay for ambulance or medical van transportation to and from designated mental health or health facilities for COUNTY Clients receiving services in accordance with the County's Medical Transportation contract.~~

~~5. CONTRACTOR's invoice shall be on a form approved or supplied by COUNTY and provide such information as required by ADMINISTRATOR. Invoices are due the tenth (10th) day of the following month. Invoices received after the due date may not be paid within the same month. Payments to CONTRACTOR should be released by COUNTY no later than thirty (30) calendar days after receipt of a correctly completed invoice.~~

~~6. Upon receipt of a correctly completed billing form and all required supporting documentation, ADMINISTRATOR shall:~~

~~a. Approve the claim if medical necessity criteria are present for the requested reimbursement period.~~

~~b. Deny the claim if medical necessity criteria are not present for the requested reimbursement period.~~

~~7. CONTRACTOR may appeal ADMINISTRATOR's decision to deny the claim through the following process:~~

~~a. CONTRACTOR shall send a cover letter with an explanation of CONTRACTOR's disagreement to ADMINISTRATOR within ninety (90) calendar days of receiving the denial.~~

~~b. ADMINISTRATOR shall submit to CONTRACTOR a written summary of the review and rationale for each decision within sixty (60) calendar days of receiving the letter of appeal. The decision of ADMINISTRATOR shall be final.~~

~~c. In the event that the appeal is overturned, ADMINISTRATOR shall coordinate with CONTRACTOR regarding the submission of an adjusted invoice.~~

~~8. CONTRACTOR shall make a good faith effort to bill and collect the full extent of coverage those claims covered by all known third party, primary, or other insurance or third party payors (including client fees) for hospital services provided.~~

~~9. If CONTRACTOR, during the term of the Agreement, identifies and receives reimbursement from a third party, primary or other insurance claim for services reimbursed through this or any prior Agreement, CONTRACTOR shall, within thirty (30) calendar days of receipt, reimburse COUNTY an amount equal to the payment for the services~~

~~paid by COUNTY to CONTRACTOR or the third party, primary or other insurance claim payment, whichever is less.~~

~~10. If any reimbursement due COUNTY is not paid by CONTRACTOR in accordance with subparagraph P.89 the section above, ADMINISTRATOR shall reduce CONTRACTOR's payment by an amount not to exceed the amount to be reimbursed.~~

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

V. REPORTS

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

B. ADMINISTRATOR may request reasonable reports of CONTRACTOR in order to determine the quality and nature of services provided hereunder. ADMINISTRATOR will be specific as to the nature of information requested and may allow up to thirty (30) calendar days for CONTRACTOR to respond.

C. Fiscal – CONTRACTOR shall submit monthly Expenditure and Revenue Reports to ADMINISTRATOR. These reports shall be on a form acceptable to or provided by ADMINISTRATOR and shall report actual bed day cost and monthly projections and revenues for CONTRACTOR'S program described in the Services Paragraph of this Exhibit A to the Agreement. Such reports shall be submitted to and received by ADMINISTRATOR no later than twenty (20) calendar days following the end of the month being reported.

D. Programmatic Reports on ADMINISTRATOR approved format.

E. Reporting Serious Incidents (SIRs)

F. Client Satisfaction Surveys

G. CONTRACTOR shall inform ADMINISTRATOR of any and all State Survey Results, Audits, and incidents reportable to DHCS.

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

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

~~B. ADMINISTRATOR may request reasonable reports of CONTRACTOR in order to determine the quality and nature of services provided hereunder. ADMINISTRATOR will be specific as to the nature of information requested and may allow up to thirty (30) calendar days for CONTRACTOR to respond.~~

~~C. Fiscal – CONTRACTOR shall submit monthly Expenditure and Revenue Reports to ADMINISTRATOR. These reports shall be on a form acceptable to or provided by ADMINISTRATOR and shall report actual bed day cost and monthly projections and revenues for CONTRACTOR'S program described in the Services Paragraph of this Exhibit A to the Agreement. Such reports shall be submitted to and received by ADMINISTRATOR no later than twenty (20) calendar days following the end of the month being reported.~~

~~D. Programmatic Reports on ADMINISTRATOR approved format.~~

~~E. Reporting Serious Incidents (SIRs)~~

~~F. Client Satisfaction Surveys~~

~~DG. CONTRACTOR shall inform ADMINISTRATOR of any and all State Survey Results, Audits, and incidents reportable to DHCS.~~

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

VI. SERVICES

A. FACILITY – CONTRACTOR shall provide Psychiatric Inpatient Hospital Services at the following location:

200 Freedom Lane
Aliso Viejo, CA 92656

1. This Facility must be licensed by the California Department of Public Health (CDPH) as a general acute care hospital as defined in Health & Safety Code Section 1250(a) or as an acute psychiatric hospital as defined in Section 1250(b);

2. Facility must be designated by the Orange County Board of Supervisors and approved by the California Department of Health Care Services (DHCS) as a Lanterman-Petris-Short (LPS) facility for 72-hour treatment and evaluation pursuant to Welfare & Institutions Code Section 5150 and 5585; CONTRACTOR shall comply with all LPS Designated Facility Criteria.

3. In addition to semi-private rooms, the facility shall include, at a minimum, space for dining, group therapy and activities, a day room/visitor room and a seclusion room; and

4. Provider must maintain all licensure and certification in compliance with state and federal regulations.

B. CLIENTS SERVED – CONTRACTOR shall admit and serve all Clients referred by ADMINISTRATOR who meet ADMINISTRATOR’s criteria for acute psychiatric hospitalization and who also meet the criteria approved by DHCS and the guidelines under Title 9, Chapter 11, Section 1820.205. This may include Clients with co-morbid medical conditions and substance use disorder. CONTRACTOR shall not refuse admissions of Clients if they meet all the admission criteria identified above. CONTRACTOR shall provide, in writing, to ADMINISTRATOR, any denials referred by the MHP, or as otherwise requested by ADMINISTRATOR.

1. **TARGET POPULATION:** Services shall be provided to Orange County Medi-Cal beneficiaries, ages 12 through 17 years old living with a serious emotional disturbance or adults aged 18 + years living with a serious mental illness, who may have co-occurring medical or substance use disorders and are experiencing a behavioral health crisis that requires this highly restrictive level of care to ensure the safety of themselves and/or others. These individuals may be deemed dangerous to themselves and/or others, or gravely disabled, and come from all areas of Orange County.

2. Referrals from COUNTY and COUNTY-contracted Crisis Stabilization Units (CSUs)

1 will be prioritized for admission.

2 **C. SERVICES PROVIDED**

3 1. CONTRACTOR shall provide Psychiatric Inpatient Hospital Services, which include
4 but are not limited to physician services, psychologist services, and transportation services, in
5 accordance with WIC, Sections 5774, et seq. and 14680, et seq.

6 2. CONTRACTOR shall provide services that include but are not limited to psychiatric,
7 ancillary, testimony, medical, specialized services, and additional services required of general acute care
8 hospitals. CONTRACTOR's services shall be designed to engage seriously mentally ill adults and/or
9 seriously emotionally disturbed youth, including those who are dually diagnosed, in a partnership to
10 achieve the individual's wellness and recovery goals. CONTRACTOR shall provide services in
11 collaboration with the COUNTY's Director of Behavioral Health, or designee.

12 **D. PSYCHIATRIC SERVICES – CONTRACTOR shall provide psychiatric services that**
13 **include psychiatric assessment, psychiatric treatment and psychiatric support services in accordance**
14 **with all applicable laws and regulations. Psychiatric services shall include but not be limited to:**

15 1. A psychiatric evaluation within twenty-four (24) hours of admission by a licensed
16 psychiatrist. The initial psychiatric evaluation may be prepared by a Psychiatric Nurse Practitioner, and
17 include a psychiatric history, diagnosis, and be completed in accordance with the current DSM/ICD-10;
18 The initial psychiatric evaluation must be completed face to face and signed with an attestation by the
19 licensed psychiatrist that they confirmed all information within the evaluation for the certification of
20 medical necessity of acute psychiatric inpatient hospital services.

21 a. On-call psychiatric and medical coverage twenty-four (24) hours a day/seven
22 (7) days a week;

23 2. Assessment for voluntary and involuntary treatment;

24 3. Daily progress notes on all Clients by the Psychiatrist or a Nurse Practitioner working
25 under the supervision of a psychiatrist as evidenced by psychiatrists countersigning the progress note(s);

26 4. A psycho-social assessment completed within forty-eight (48) hours of admission;

27 5. Psychometrics upon admission to gather clinical baseline and inform treatment
28 decision-making and evidence-based practices;

29 6. Initiation of an ITP of each new Client within twenty-four (24) hours of admission;

30 7. An ITP for each Client must be completed with signatures of the treatment team and
31 the Client (or explanation of inability to obtain) within seventy-two (72) hours of admission. All
32 psychiatric, psychological, and social services must be compatible with the ITP;

33 8. Medication Services, including ongoing psychiatric medication evaluation and
34 monitoring.

35 9. Nursing, psychological, and social interventions compatible with ITPs;

36 10. Treatment for co-occurring substance use disorders based on either harm-reduction
37 or abstinence-based models to wellness and recovery. This includes, but is not limited to, necessary

1 substance use disorder treatment services for Clients who are living with a co-occurring substance use
2 disorder problem in addition to their behavioral health issues as appropriate;

3 11. Individual, group and collateral therapies which includes provision or supervision of
4 family therapy sessions as indicated for youth. Therapies will include but not limited to:

5 a. Documentation of Client’s attendance/participation in collateral therapy including
6 schedule of therapies, attendance log, and medical record progress notes.

7 b. Use of Evidence-Based Practices including but not limited to: motivational
8 interviewing, solution-focused therapy, seeking safety, cognitive behavioral therapy, and/or Dialectical-
9 Behavioral Therapy, to address the unique symptoms and behaviors presented by Clients in accordance
10 to ITP goals.

11 c. Promote recovery in individual and group sessions. Group topics may include but
12 not be limited to: building a wellness toolbox or resource, list, WRAP plans, symptom monitoring,
13 identifying and coping with triggers, developing a crisis prevention plan, etc.;

14 12. Activities therapy;

15 13. Crisis Intervention;

16 14. Education and supportive services, including psychoeducational support, to COUNTY
17 clients and family/support networks;

18 15. Transportation Services;

19 16. Appropriate one-on-one, Client-to-staff counseling as appropriate to the diagnosis and
20 ITP;

21 17. Develop strategies to advance trauma-informed care and accommodate the
22 vulnerabilities of trauma survivors.

23 18. Provide services in an environment which is compatible with and supportive of a
24 recovery model. Services shall be delivered in the spirit of recovery and resiliency, tailored to the
25 unique strengths of each Client. The focus will be on personal responsibility for mental disorder
26 management and independence, which fosters empowerment, hope, and an expectation of recovery from
27 mental health issues. Recovery oriented language and principles shall be evident and incorporated in
28 CONTRACTOR’s policies, program design and space, and practice.

29 19. Collaborate with Peer Mentors, as available, to provide direct support, education, and
30 advocacy, as well as resource and linkage assistance to Clients;

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

36 20. Weekly Interdisciplinary Treatment Team meetings for each COUNTY Client;

37 21. Additional laboratory and diagnostic services when necessary for the initiation and

1 monitoring of psychiatric medication treatments.

2 E. DISCHARGE PLANNING - CONTRACTOR shall provide discharge planning that
3 includes but is not limited to continuing care planning and referral services. COUNTY shall provide
4 such assistance, as COUNTY deems necessary, to assist providers' Social Services staff to initiate,
5 develop and finalize discharge planning and necessary follow-up services. Discharge planning must
6 begin upon admission and occur seven (7) days per week. Discharge planning and coordination of care
7 services shall include, but are not limited to, the following:

8 1. Coordination with current outpatient providers for continuity of treatment during
9 Clients' admissions.

10 2. Referral and linkage to aftercare providers for continued treatment to address the
11 Client's whole health, including primary care linkage, peer support, substance use treatment and HCA
12 outpatient mental health and recovery services providers. Referrals must be documented in the Client's
13 medical record.

14 3. CONTRACTOR shall fax or secure email to COUNTY outpatient clinic, at the time of
15 discharge, the Hospital Discharge Referral Form or the hospital's aftercare plan, the initial psychiatric
16 evaluation, the history and physical examination report, recent lab studies, the current medication list,
17 date any follow up long acting injectable is due and any medical consults.

18 a. ADMINISTRATOR may provide assistance to CONTRACTOR to initiate,
19 develop and finalize discharge planning and necessary follow-up services on a case-by-case basis;

20 4. CONTRACTOR shall document in the Client's medical record, for those Clients being
21 referred to a SNF at discharge, at least four (4) SNF contacts daily, Monday through Friday, until the
22 Client is either discharged or no longer requires a SNF level of care.

23 5. CONTRACTOR shall document, in the Client's medical record, for those Clients
24 waiting for LTC placement, contact with ADMINISTRATOR's LTC Unit at least once every seven (7)
25 calendar days until the Client is either discharged or no longer requires LTC services. Contact may be
26 by fax, e-mail, or direct telephone discussion with ADMINISTRATOR. If CONTRACTOR fails to
27 document contact with ADMINISTRATOR within a seven (7) calendar day period, CONTRACTOR
28 will be ineligible for Administrative Day reimbursement until the next contact with
29 ADMINISTRATOR.

30 6. CONTRACTOR shall make five (5) calls per week, Monday through Friday, excluding
31 holidays, if the Client requires Board and Care placement, or until the Client is either discharged or no
32 longer requires Board and Care placement. CONTRACTOR shall comply with P&P's established by
33 ADMINISTRATOR for placing Board and Care Clients.

34 7. CONTRACTOR shall arrange a specific date and time for an aftercare appointment
35 with a COUNTY-operated or contracted outpatient mental health or substance use clinic within twenty-
36 four (24) hours of discharge. Linkages with COUNTY-operated clinics or COUNTY contracted mental
37 health or substance use clinics must be made five (5) days a week, Monday through Friday. Linkages

1 must be documented in the Client's medical record. CONTRACTOR shall fax to the COUNTY-
 2 operated or contracted clinic, at the time of discharge, the Hospital Discharge Referral Form or the
 3 hospital's aftercare plan, the initial psychiatric evaluation, the history and physical examination report,
 4 recent lab studies, the current medication list, date of next long acting injectables due and any medical
 5 consults.

6 8. Medi-Cal Clients shall be discharged with seven (7) calendar days of medications. This
 7 includes psychiatric medications and other medications needed to treat concurrent medical conditions.

8 9. All discharges must be completed by a psychiatrist. Discharge documentation shall
 9 include discharge orders and discharge summary.

10 10. ANCILLARY SERVICES - CONTRACTOR shall provide ancillary services,
 11 necessary for the evaluation and treatment of psychiatric conditions. Services shall be recovery-based,
 12 non-coercive and must focus on assisting Clients to become more independent and self-sufficient.
 13 Services shall include, but not be limited to, the following:

14 a. Group therapy;

15 b. Activities therapy and other adjunctive therapy;

16 c. Initial laboratory services that are consistent with CONTRACTOR's usual and
 17 customary hospital admitting protocol;

18 d. Additional laboratory and diagnostic services, when necessary for the initiation and
 19 monitoring of psychiatric medication treatments; and

20 e. Pharmaceutical services.

21 F. TESTIMONY SERVICES – CONTRACTOR shall provide expert witness testimony by
 22 appropriate mental health professionals in all legal proceedings required for the institutionalization,
 23 admission, or treatment of COUNTY Clients. These services shall include, but not be limited to, writs
 24 of habeas corpus, capacity hearings, conservatorship, probable cause hearings, court-ordered evaluation,
 25 and appeal and post-certification proceedings. ADMINISTRATOR shall provide representation to
 26 CONTRACTOR, at ADMINISTRATOR's cost and expense, in all legal proceedings required for
 27 conservatorship. CONTRACTOR shall cooperate with ADMINISTRATOR in all such proceedings.

28 1. ADMINISTRATOR will provide hearing officers for probable cause hearings for
 29 Clients approved by ADMINISTRATOR only; all other hearings will be provided at CONTRACTOR's
 30 cost and expense.

31 2. CONTRACTOR shall prepare all documentation required by Juvenile Court to
 32 authorize administration of psychotropic medication for those youth under the jurisdiction of the
 33 juvenile court (JV220)."

34 G. MEDICAL SERVICES – CONTRACTOR shall provide all medical care services deemed
 35 appropriate according to usual and customary hospital practices without regard for payer status.
 36 Medical services include physician and/or other professional services required by the Client.
 37 CONTRACTOR shall provide transportation to the medical treatment and an escort to and from the

1 service.

2 1. CONTRACTOR shall provide medical history and physical exam within twenty-four
3 (24) hours of admission and laboratory and diagnostic services.

4 2. COMPUTED TOMOGRAPHY (CT) – CONTRACTOR shall provide CT scans as part
5 of the diagnosis and evaluation of a Client’s psychiatric condition when indicated. CT scans must be
6 approved by ADMINISTRATOR in advance of treatment. ADMINISTRATOR approval shall be
7 documented in the Client’s medical record.

8 H. ADDITIONAL SERVICES – Additional services shall include, but not be limited to, the
9 following:

10 1. Direct Services – including a therapeutic milieu, room and dietetic services, nursing
11 services, including drug administration and Client care, and a Client activity program including
12 adjunctive therapy and rehabilitation services.

13 2. Support Services – including housekeeping, laundry, maintenance, medical records,
14 and drug order processing services.

15 3. In-Service Training – Provide formalized in-service training to staff that focuses on
16 subjects that increase their expertise in mental health services and ability to manage and serve Clients,
17 including the Recovery Model, Trauma-informed care, and substance use issues and treatment for
18 individuals with dual-diagnosis.

19 4. Program Description – Maintain an ADMINISTRATOR approved, written description
20 of the inpatient psychiatric program, which shall include goals, objectives, philosophy, and activities
21 which reflect the active involvement of nursing personnel in all aspects of the inpatient therapeutic
22 milieu.

23 I. CONTRACTOR shall provide a copy of the “County Guide to Medi-Cal Mental Health
24 Services” and “County Behavioral Health Services Plan Provider List” to each
25 Client/guardian/conservator at the time of admission. CONTRACTOR shall ensure that the Client signs
26 a form indicating receipt of both handbooks, and this form shall become part of the Client’s medical
27 record. If the Client refuses to sign or receive the handbooks, a hospital staff member shall document
28 that the handbooks were provided and/or received and the Client refused to sign and/or receive the
29 handbooks.

30 J. CONTRACTOR shall provide the Client/guardian/conservator the DHCS notification
31 materials entitled “EPSDT” and “TBS” to each full-scope Medi-Cal Client under twenty-one (21) years
32 of age admitted for acute psychiatric inpatient services. CONTRACTOR shall document in the Client’s
33 medical record that these materials were provided.

34 K. CONTRACTOR shall provide the NPP for COUNTY, as the MHP, to any individual who
35 received services under the Agreement.

36 L. CONTRACTOR shall allow ADMINISTRATOR to conduct a face-to-face evaluation of
37 the Client for assessment and recommendation to CONTRACTOR regarding the appropriate level of

1 care and need for the Clients' hospitalization.

2 M. CONTRACTOR shall send a completed Hospital Discharge Referral Form or a copy of the
3 Hospital's Aftercare Plan to the appropriate clinic at the time of Client discharge, for Medi-Cal Clients
4 being referred to COUNTY outpatient clinics or COUNTY contracted outpatient clinics. COUNTY
5 Clients shall be discharged with medication prescriptions or a seven (7) days' supply of medications.
6 This includes psychiatric medications and other medications needed to treat concurrent medical
7 conditions. CONTRACTOR will also fax copies of the Initial Psychiatric Evaluation, History and
8 Physical Exam, most recent lab studies, medical consults, and Medication Sheets.

9 N. QUALITY IMPROVEMENT – CONTRACTOR shall cooperate with ADMINISTRATOR
10 in meeting quality improvement and utilization review requirements. Quality improvement and
11 utilization reviews shall include, but not be limited to, performance outcome studies and Client
12 satisfaction surveys. CONTRACTOR shall cooperate with managed care procedures related to
13 treatment authorization, including the provision of working space for ADMINISTRATOR to conduct
14 visits with the Client, interview staff and perform chart reviews.

15 O. PERFORMANCE OBJECTIVES –

16 1. CONTRACTOR shall perform outcome studies, on-site reviews and written reports to
17 be made available to ADMINISTRATOR upon request.

18 2. One hundred percent (100%) of all Clients discharged to the community will be
19 scheduled a follow-up outpatient services appointment to occur within twenty-four (24) hours of
20 discharge

21 3. CONTRACTOR shall track and report to ADMINISTRATOR:

22 a. Recidivism of Clients who are re-hospitalized within fourteen (14) days of
23 discharge;

24 b. All incidents of seclusion and restraints;

25 c. The number of admissions per month broken out by referral source and by youth,
26 adult, and older adult populations;

27 d. The average length of stay (LOS) per month

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

34 Q. CONTRACTOR shall provide Inpatient Psychiatric Hospital Services that are non-
35 discriminatory and tailored to meet the individual needs of the multi-cultural Clients served under the
36 Agreement. CONTRACTOR shall demonstrate program access, linguistically appropriate and timely
37 mental health service delivery, staff training, and organizational P&Ps related to the treatment of

1 culturally diverse populations. CONTRACTOR shall ensure that high quality accessible mental health
2 care includes:

3 1. Clinical care and therapeutic interventions which are linguistically and culturally
4 appropriate; including, at a minimum, admission, discharge, and medication consent forms available in
5 all Orange County threshold languages;

6 2. Medically appropriate interventions which acknowledge specific cultural influences;

7 3. Provision and utilization of qualified interpreters within twenty-four (24) hours of
8 identified need;

9 4. Screening and certification of interpreters;

10 5. Client related information translated into the various languages of the diverse
11 populations served.

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

14 ~~A. FACILITY—CONTRACTOR shall provide Psychiatric Inpatient Hospital Services at the~~
15 ~~following location:~~

16 ~~200 Freedom Lane~~

17 ~~Aliso Viejo, CA 92656~~

18
19
20 ~~1. This Facility must be licensed by the California Department of Public Health (CDPH) as a~~
21 ~~general acute care hospital as defined in Health & Safety Code Section 1250(a) or as an acute~~
22 ~~psychiatric hospital as defined in Section 1250(b);~~

23 ~~2. Facility must be designated by the Orange County Board of Supervisors and approved by~~
24 ~~the California Department of Health Care Services (DHCS) as a Lanterman-Petris-Short (LPS) facility~~
25 ~~for 72-hour treatment and evaluation pursuant to Welfare & Institutions Code Section 5150 and 5585;~~
26 ~~CONTRACTOR shall comply with all LPS Designated Facility Criteria.~~

27 ~~3. In addition to semi-private rooms, the facility shall include, at a minimum, space for dining,~~
28 ~~group therapy and activities, a day room/visitor room and a seclusion room; and~~

29 ~~4. Provider must maintain all licensure and certification in compliance with state and federal~~
30 ~~regulations.~~

31 ~~“B. CLIENTS SERVED—CONTRACTOR shall admit and serve all Clients referred by~~
32 ~~ADMINISTRATOR who meet ADMINISTRATOR’s criteria for acute psychiatric hospitalization and~~
33 ~~who also meet the criteria approved by DHCS and the guidelines under Title 9, Chapter 11, Section~~
34 ~~1820.205. This may include Clients with co-morbid medical conditions and substance use disorder.~~
35 ~~CONTRACTOR shall not refuse admissions of Clients if they meet all the admission criteria identified~~
36 ~~above. CONTRACTOR shall provide, in writing, to ADMINISTRATOR, any denials referred by the~~
37 ~~MHP, or as requested by ADMINISTRATOR.~~

~~1. TARGET POPULATION: Services shall be provided to Orange County Medi-Cal beneficiaries, ages 12 through 17 years old living with a serious emotional disturbance or adults aged 18 + years living with a serious mental illness, who may have co-occurring medical or substance use disorders and are experiencing a behavioral health crisis that requires this highly restrictive level of care to ensure the safety of themselves and/or others. These individuals may be deemed dangerous to themselves and/or others, or gravely disabled, and come from all areas of Orange County.~~

~~2. Referrals from COUNTY and COUNTY contracted Crisis Stabilization Units (CSUs) will be prioritized for admission.~~

~~C. SERVICES PROVIDED~~

~~1. CONTRACTOR shall provide Psychiatric Inpatient Hospital Services, which include but are not limited to physician services, psychologist services, and transportation services, in accordance with WIC, Sections 5774, et seq. and 14680, et seq.~~

~~2. CONTRACTOR shall provide services that include but are not limited to psychiatric, ancillary, testimony, medical, specialized services, and additional services required of general acute care hospitals. CONTRACTOR's services shall be designed to engage seriously mentally ill adults and/or seriously emotionally disturbed youth, including those who are dually diagnosed, in a partnership to achieve the individual's wellness and recovery goals. CONTRACTOR shall provide services in collaboration with the COUNTY's Director of Behavioral Health, or designee.~~

~~D. PSYCHIATRIC SERVICES — CONTRACTOR shall provide psychiatric services that include psychiatric assessment, psychiatric treatment and psychiatric support services in accordance with all applicable laws and regulations. Psychiatric services shall include but not be limited to:~~

~~1. A psychiatric evaluation within twenty four (24) hours of admission by a licensed psychiatrist. The initial psychiatric evaluation shall may be prepared by a Psychiatric Nurse Practitioner, and include a psychiatric history, diagnosis, and be completed in accordance with the current DSM/ICD-10; The initial psychiatric evaluation must be completed face to face and signed with an attestation by the licensed psychiatrist that they confirmed all information within the evaluation for the cerificationcertification of medical necessity of acute psychiatric inpatient hospital services.~~

~~a. On-call psychiatric and medical coverage twenty four (24) hours a day/seven (7) days a week;~~

~~2. Assessment for voluntary and involuntary treatment;~~

~~3. Ongoing psychiatric re-evaluation and daily rounds by psychiatrists;~~

~~4. Daily face to face and documented progress notes by psychiatrists on all COUNTY clients.~~

~~5. Daily progress notes on all Clients by the Psychiatrist or a Nurse Practitioner working under the supervision of a psychiatrist as evidenced by psychiatrists countersigning the progress note(s) within 48 hours~~

~~6. A psycho-social assessment completed within forty eight (48) hours of admission;~~

~~7. Psychometrics upon admission to gather clinical baseline and inform treatment decision-making and evidence-based practices;~~

- 1 ~~8. Initiation of an ITP of each new Client within twenty-four (24) hours of admission;~~
2 ~~9. An ITP for each Client must be completed with signatures of the treatment team and the Client (or~~
3 ~~explanation of inability to obtain) within seventy-two (72) hours of admission. All psychiatric,~~
4 ~~psychological, and social services must be compatible with the ITP;~~
5 ~~10. Medication Services, including ongoing psychiatric medication evaluation and monitoring.~~
6 ~~11. Nursing, psychological, and social interventions compatible with ITPs;~~
7 ~~12. Treatment for co-occurring substance use disorders based on either harm reduction~~
8 ~~or abstinence-based models to wellness and recovery. This includes, but is not limited to, necessary~~
9 ~~substance use disorder treatment services for Clients who are living with a co-occurring substance use~~
10 ~~disorder problem in addition to their behavioral health issues as appropriate;~~
11 ~~13. Individual, group and collateral therapies which includes provision or supervision of family therapy~~
12 ~~sessions as indicated for youth. Therapies will include but not limited to:~~
13 ~~a. Documentation of Client's attendance/participation in collateral therapy including schedule of~~
14 ~~therapies, attendance log, and medical record progress notes.~~
15 ~~b. Use of Evidence-Based Practices including but not limited to: motivational interviewing, solution-~~
16 ~~focused therapy, seeking safety, cognitive behavioral therapy, and/or Dialectical Behavioral Therapy, to~~
17 ~~address the unique symptoms and behaviors presented by Clients in accordance to ITP goals.~~
18 ~~c. Promote recovery in individual and group sessions. Group topics may include but not be limited to:~~
19 ~~building a wellness toolbox or resource, list, WRAP plans, symptom monitoring, identifying and coping~~
20 ~~with triggers, developing a crisis prevention plan, etc.;~~
21 ~~14. Activities therapy;~~
22 ~~15. Crisis Intervention;~~
23 ~~16. Education and supportive services, including psychoeducational support, to COUNTY~~
24 ~~clients and family/support networks;~~
25 ~~17. Transportation Services;~~
26 ~~18. Appropriate one-on-one, Client to staff counseling as appropriate to the diagnosis and~~
27 ~~ITP;~~
28 ~~19. Daily rounds and progress notes by psychiatrists on all Clients; (repeats #5 above)~~
29 ~~20. Develop strategies to advance trauma-informed care and accommodate the~~
30 ~~vulnerabilities of trauma survivors.~~
31 ~~21. Provide services in an environment which is compatible with and supportive of a recovery model.~~
32 ~~Services shall be delivered in the spirit of recovery and resiliency, tailored to the unique strengths of~~
33 ~~each Client. The focus will be on personal responsibility for mental disorder management and~~
34 ~~independence, which fosters empowerment, hope, and an expectation of recovery from mental health~~
35 ~~issues. Recovery oriented language and principles shall be evident and incorporated in~~
36 ~~CONTRACTOR's policies, program design and space, and practice.~~
37 ~~22. Collaborate with Peer Mentors, as available, to provide direct support, education, and advocacy, as~~

1 well as resource and linkage assistance to Clients;

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

7 ~~23. Weekly Interdisciplinary Treatment Team meetings for each COUNTY Client; (can we add being~~
 8 ~~able to have access to these meetings for contract monitors?)~~

9 ~~24. Additional laboratory and diagnostic services when necessary for the initiation and monitoring of~~
 10 ~~psychiatric medication treatments.~~

11 E. ~~DISCHARGE PLANNING CONTRACTOR shall provide discharge planning that includes but is~~
 12 ~~not limited to continuing care planning and referral services. COUNTY shall provide such assistance,~~
 13 ~~as COUNTY deems necessary, to assist providers' Social Services staff to initiate, develop and finalize~~
 14 ~~discharge planning and necessary follow-up services. Discharge planning must begin upon admission~~
 15 ~~and occur seven (7) days per week. Discharge planning and coordination of care services shall include,~~
 16 ~~but are not limited to, the following:~~

17 1. ~~Coordination with current outpatient providers for continuity of treatment during Clients'~~
 18 ~~admissions.~~

19 2. ~~Referral and linkage to aftercare providers for continued treatment to address the Client's whole~~
 20 ~~health, including primary care linkage, peer support, substance use treatment and HCA outpatient~~
 21 ~~mental health and recovery services providers. Referrals must be documented in the Client's medical~~
 22 ~~record.~~

23 3. ~~CONTRACTOR shall fax or secure email to COUNTY outpatient clinic, at the time of discharge,~~
 24 ~~the Hospital Discharge Referral Form or the hospital's aftercare plan, the initial psychiatric evaluation,~~
 25 ~~the history and physical examination report, recent lab studies, the current medication list, date any~~
 26 ~~follow up long acting injectable is due and any medical consults.~~

27 a. ~~ADMINISTRATOR may provide assistance to CONTRACTOR to initiate, develop and finalize~~
 28 ~~discharge planning and necessary follow-up services on a case-by-case basis;~~

29 4. ~~CONTRACTOR shall document in the Client's medical record, for those Clients being referred to a~~
 30 ~~SNF at discharge, at least four (4) SNF contacts daily, Monday through Friday, until the Client is either~~
 31 ~~discharged or no longer requires a SNF level of care.~~

32 5. ~~CONTRACTOR shall document, in the Client's medical record, for those Clients waiting for LTC~~
 33 ~~placement, contact with ADMINISTRATOR's LTC Unit at least once every seven (7) calendar days~~
 34 ~~until the Client is either discharged or no longer requires LTC services. Contact may be by fax, e-mail,~~
 35 ~~or direct telephone discussion with ADMINISTRATOR. If CONTRACTOR fails to document contact~~
 36 ~~with ADMINISTRATOR within a seven (7) calendar day period, CONTRACTOR will be ineligible for~~
 37 ~~Administrative Day reimbursement until the next contact with ADMINISTRATOR.~~

1 ~~6. CONTRACTOR shall make five (5) calls per week contact COUNTY clinics daily, Monday~~
 2 ~~throughthrough Friday, excluding holidays, if the Client requires Board and Care placement, or until the~~
 3 ~~Client is either discharged or no longer requires Board and Care placement. CONTRACTOR shall~~
 4 ~~comply with P&P's established by ADMINISTRATOR for placing Board and Care Clients.~~

5 ~~7. On call psychiatric and medical specialist coverage twenty four (24) hours per day, seven (7) days~~
 6 ~~per week.~~

7 ~~8. Daily evaluation and documentation by the treating psychiatrist for each day of psychiatric service.~~

8 ~~9. CONTRACTOR shall arrange a specific date and time for an aftercare appointment with a~~
 9 ~~COUNTY operated or contracted outpatient mental health or substance use clinic within twenty four~~
 10 ~~(24) hours of discharge. Linkages with COUNTY operated clinics or COUNTY contracted mental~~
 11 ~~health or substance use clinics must be made five (5) days a week, Monday through Friday. Linkages~~
 12 ~~must be documented in the Client's medical record. CONTRACTOR shall fax to the COUNTY~~
 13 ~~operated or contracted clinic, at the time of discharge, the Hospital Discharge Referral Form or the~~
 14 ~~hospital's aftercare plan, the initial psychiatric evaluation, the history and physical examination report,~~
 15 ~~recent lab studies, the current medication list, date of next long acting injectables due and any medical~~
 16 ~~consults. (how about AMA clients? I usually don't see a follow up appt. some clients are DC AMA from~~
 17 ~~PCH or WRIT, they usually get DC without meds or Appt.?)~~

18 ~~10. Medi-Cal Clients shall be discharged with seven (7) calendar days of medications. This includes~~
 19 ~~psychiatric medications and other medications needed to treat concurrent medical conditions.~~

20 ~~11. All discharges must be completed by a psychiatrist. Discharge documentation shall include~~
 21 ~~discharge orders and discharge summary.~~

22 ~~12. ANCILLARY SERVICES CONTRACTOR shall provide ancillary services, necessary for the~~
 23 ~~evaluation and treatment of psychiatric conditions. Services shall be recovery based, non-coercive and~~
 24 ~~must focus on assisting Clients to become more independent and self-sufficient. Services shall include,~~
 25 ~~but not be limited to, the following:~~

26 ~~_____ a. Group therapy;~~

27 ~~_____ b. Activities therapy and other adjunctive therapy;~~

28 ~~_____ c. Initial laboratory services that are consistent with CONTRACTOR's usual and~~
 29 ~~customary hospital admitting protocol;~~

30 ~~d. Additional laboratory and diagnostic services, when necessary for the initiation and monitoring of~~
 31 ~~psychiatric medication treatments; and~~

32 ~~_____ e. Pharmaceutical services.~~

33 ~~F. TESTIMONY SERVICES CONTRACTOR shall provide expert witness testimony by appropriate~~
 34 ~~mental health professionals in all legal proceedings required for the institutionalization, admission, or~~
 35 ~~treatment of COUNTY Clients. These services shall include, but not be limited to, writs of habeas~~
 36 ~~corpus, capacity hearings, conservatorship, probable cause hearings, court-ordered evaluation, and~~
 37 ~~appeal and post-certification proceedings. ADMINISTRATOR shall provide representation to~~

1 ~~CONTRACTOR, at ADMINISTRATOR's cost and expense, in all legal proceedings required for~~
 2 ~~conservatorship. CONTRACTOR shall cooperate with ADMINISTRATOR in all such proceedings.~~

3 ~~1. ADMINISTRATOR will provide hearing officers for probable cause hearings for Clients approved~~
 4 ~~by ADMINISTRATOR only; all other hearings will be provided at CONTRACTOR's cost and expense.~~

5 ~~2. CONTRACTOR shall prepare all documentation required by Juvenile Court to authorize~~
 6 ~~administration of psychotropic medication for those youth under the jurisdiction of the juvenile court~~
 7 ~~(JV220)."~~

8 ~~— G. MEDICAL SERVICES — CONTRACTOR shall provide all medical care services deemed~~
 9 ~~covered above appropriate according to usual and customary hospital practices without regard for payer~~
 10 ~~status. Medical services include physician and/or other professional services required by the Client.~~
 11 ~~CONTRACTOR shall provide transportation to the medical treatment and an escort to and from the~~
 12 ~~service.~~

13 ~~—— 1. CONTRACTOR shall provide medical history and physical exam within twenty four (24)~~
 14 ~~hours of admission and laboratory and diagnostic services.~~

15 ~~—— 2. INPATIENT/OUTPATIENT ECT and MRI — CONTRACTOR shall provide ECT and MRI~~
 16 ~~services for Clients. ECT and MRI services must be performed pursuant to all legal and regulatory~~
 17 ~~requirements and be approved by ADMINISTRATOR in advance to treatment. ADMINISTRATOR~~
 18 ~~approval shall be documented in the Client's medical record.~~

19 ~~—— 3. COMPUTERIZED TOMOGRAPHY (CT) — CONTRACTOR shall provide CT scans as~~
 20 ~~part of the diagnosis and evaluation of a Client's psychiatric condition when indicated. CT scans must~~
 21 ~~be approved by ADMINISTRATOR in advance of treatment. ADMINISTRATOR approval shall be~~
 22 ~~documented in the Client's medical record.~~

23 ~~— H. ADDITIONAL SERVICES — Additional services shall include, but not be limited to, the~~
 24 ~~following:~~

25 ~~—— 1. Direct Services — including a therapeutic milieu, room and dietetic services, nursing~~
 26 ~~services, including drug administration and Client care, and a Client activity program including~~
 27 ~~adjunctive therapy and rehabilitation services.~~

28 ~~—— 2. Support Services — including housekeeping, laundry, maintenance, medical records, and~~
 29 ~~drug order processing services.~~

30 ~~—— 3. In Service Training — Provide formalized in-service training to staff that focuses on subjects~~
 31 ~~that increase their expertise in mental health services and ability to manage and serve Clients, including~~
 32 ~~the Recovery Model, Trauma informed care, and substance use issues and treatment for individuals with~~
 33 ~~dual diagnosis.~~

34 ~~—— 4. Program Description — Maintain an ADMINISTRATOR approved, written description of~~
 35 ~~the inpatient psychiatric program, which shall include goals, objectives, philosophy, and activities which~~
 36 ~~reflect the active involvement of nursing personnel in all aspects of the inpatient therapeutic milieu.~~

37 ~~— I. CONTRACTOR shall provide a copy of the "County Guide to Medi Cal Mental Health~~

1 ~~Services” and “County Behavioral Health Services Plan Provider List” to each~~
 2 ~~Client/guardian/conservator at the time of admission. CONTRACTOR shall ensure that the Client signs~~
 3 ~~a form indicating receipt of both handbooks, and this form shall become part of the Client’s medical~~
 4 ~~record. If the Client refuses to sign or receive the handbooks, a hospital staff member shall document~~
 5 ~~that the handbooks were provided and/or received and the Client refused to sign and/or receive the~~
 6 ~~handbooks.~~

7 ~~— J. CONTRACTOR shall provide the Client/guardian/conservator the DHCS notification materials~~
 8 ~~entitled “EPSDT” and “TBS” to each full scope Medi-Cal Client under twenty one (21) years of age~~
 9 ~~admitted for acute psychiatric inpatient services. CONTRACTOR shall document in the Client’s~~
 10 ~~medical record that these materials were provided.~~

11 ~~— K. CONTRACTOR shall provide the NPP for COUNTY, as the MHP, to any individual who~~
 12 ~~received services under the Agreement.~~

13 ~~— L. CONTRACTOR shall allow ADMINISTRATOR to conduct a face-to-face evaluation of the~~
 14 ~~Client for assessment and recommendation to CONTRACTOR regarding the appropriate level of care~~
 15 ~~and need for the Clients’ hospitalization.~~

16 ~~— M. CONTRACTOR shall send a completed Hospital Discharge Referral Form or a copy of the~~
 17 ~~Hospital’s Aftercare Plan to the appropriate clinic at the time of Client discharge, for Medi-Cal Clients~~
 18 ~~being referred to COUNTY outpatient clinics or COUNTY contracted outpatient clinics. COUNTY~~
 19 ~~Clients shall be discharged with medication prescriptions or a seven (7) days’ supply of medications.~~
 20 ~~This includes psychiatric medications and other medications needed to treat concurrent medical~~
 21 ~~conditions. CONTRACTOR will also fax copies of the Initial Psychiatric Evaluation, History and~~
 22 ~~Physical Exam, most recent lab studies, medical consults, and Medication Sheets.~~

23 ~~— N. QUALITY IMPROVEMENT CONTRACTOR shall cooperate with ADMINISTRATOR in~~
 24 ~~meeting quality improvement and utilization review requirements. Quality improvement and utilization~~
 25 ~~reviews shall include, but not be limited to, performance outcome studies and Client satisfaction~~
 26 ~~surveys. CONTRACTOR shall cooperate with managed care procedures related to treatment~~
 27 ~~authorization, including the provision of working space for ADMINISTRATOR to conduct visits with~~
 28 ~~the Client, interview staff and perform chart reviews.~~

29 ~~— O. PERFORMANCE OBJECTIVES—~~

30 ~~—— 1. CONTRACTOR shall perform outcome studies, on-site reviews and written reports to be~~
 31 ~~made available to ADMINISTRATOR upon request.~~

32 ~~—— 2. One hundred percent (100%) of all Clients discharged to the community will be scheduled a~~
 33 ~~follow up outpatient services appointment to occur within twenty four (24) hours of discharge. (AMA~~
 34 ~~clients usually don’t have an appointment. If client refused they need to document client refused~~
 35 ~~outpatient services)~~

36 ~~—— 3. CONTRACTOR shall track and report to ADMINISTRATOR:~~

37 ~~—— a. Recidivism of Clients who are re-hospitalized within fourteen (14) days of discharge;~~

~~b. All incidents of seclusion and restraints;~~

~~c. The number of admissions per month broken out by referral source and by youth, adult, and older adult populations;~~

~~d. The average length of stay (LOS) per month~~

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

~~Q. CONTRACTOR shall provide Inpatient Psychiatric Hospital Services that are non-discriminatory and tailored to meet the individual needs of the multi-cultural Clients served under the Agreement. CONTRACTOR shall demonstrate program access, linguistically appropriate and timely mental health service delivery, staff training, and organizational P&P's related to the treatment of culturally diverse populations. CONTRACTOR shall ensure that high quality accessible mental health care includes:~~

~~1. Clinical care and therapeutic interventions which are linguistically and culturally appropriate; including, at a minimum, admission, discharge, and medication consent forms available in all Orange County threshold languages;~~

~~2. Medically appropriate interventions which acknowledge specific cultural influences;~~

~~3. Provision and utilization of qualified interpreters within twenty four (24) hours of identified need;~~

~~4. Screening and certification of interpreters;~~

~~5. Client related information translated into the various languages of the diverse populations served.~~

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

VII. STAFFING

A. CONTRACTOR shall provide clinical staffing as required by CCR, Title 9, Section 663. CONTRACTOR shall provide professional, allied, and supportive paramedical personnel to provide all necessary and appropriate Psychiatric Inpatient Hospital Services. CONTRACTOR must provide sufficient staff to support the services provided pursuant to the Agreement.

B. CONTRACTOR shall provide the following administrative staff:

1. Administrative Director who qualifies under Title 9, CCR, Section 620(d), 623, 624, 625, or 627;

2. Clinical Program Director who qualifies under Title 9, CCR, Section 620(d), 623, 624, 625,

1 or 627;

2 3. Psychiatric Medical Director who qualifies under Title 9, CCR, Section 623, who shall
3 assume medical responsibility as defined in Title 9, CCR, Section 522;

4 4. Clerical support;

5 5. Staff who reflect the linguistic and cultural patterns of the population to be served;

6 6. Staff to comply with Concurrent Review processes as outlined in DHCS Information Notice
7 19-026 and COUNTY Policies and Procedures to ensure notification to the COUNTY third party
8 contractor of Client admission within twenty-four (24) hours of admission.

9 C. CONTRACTOR shall ensure that a bilingual professional or qualified interpreter is fluent in
10 English and in the primary language spoken by the Client. The bilingual professional or qualified
11 interpreter must have the ability to accurately speak, read and interpret the Client's primary language.
12 CONTRACTOR shall ensure that, when needed, a qualified interpreter is available who can accurately
13 provide sign language services. The bilingual professional or qualified interpreter must have the ability
14 to translate mental health terminology necessary to convey information such as symptoms or
15 instructions to the Client. CONTRACTOR shall ensure that the bilingual person and/or the qualified
16 interpreter, completes appropriate courses that cover terms and concepts associated with mental illness,
17 psychotropic medications, and cultural beliefs and practices which may influence the Client's mental
18 health condition, if they have not been not been trained in the provision of mental health services.

19 D. CONTRACTOR shall ensure that all staff is trained and is knowledgeable in treatment issues
20 reflecting the diversity of the Medi-Cal population. CONTRACTOR shall develop and maintain in-
21 service staff training programs which will train staff to respect and respond with sensitivity to the
22 language and cultural experiences of the Clients. CONTRACTOR staff shall participate in cultural
23 competency and/or awareness training on an annual basis. Training shall be designed to help staff
24 understand cultural diversity and may include but not be limited to such topics such as: mental health
25 care that is unique to the Client including awareness; sensitivity to the Client's cultural and spiritual
26 beliefs, and the role of the family in diverse cultures and ethnic groups. Additionally, training
27 components shall include:

28 1. Background information for identifying and treating mental illnesses and related health
29 conditions not commonly found in the dominant client population;

30 2. Utilization of non-psychiatrically trained interpreters in taking Client histories and assisting
31 with communication relating to mental health treatment; and

32 3. Strategies for utilizing the belief patterns and family support systems of Clients to promote
33 adherence to the course of treatment and assuming responsibility for preventive mental health behaviors.

34 E. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
35 Staffing Paragraph of this Exhibit A to the Agreement.

36
37

EXHIBIT B

AMENDMENT NO. ~~1~~2 TO CONTRACT FOR PROVISION OF

INPATIENT BEHAVIORAL HEALTH SERVICES

BETWEEN

COUNTY OF ORANGE

AND

ALISO RIDGE BEHAVIORAL HEALTH, LLC

UPON EXECUTION OF ALL AUTHORIZED SIGNATURES THROUGH JUNE 30, 2024

I. BUSINESS ASSOCIATE CONTRACT**A. GENERAL PROVISIONS AND RECITALS**

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

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

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

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

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

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

//

1 with respect to PHI and ePHI created, received, maintained, transmitted, used, or disclosed pursuant to
2 the Agreement.

3 B. DEFINITIONS

4 1. "Administrative Safeguards" are administrative actions, and P&Ps, to manage the selection,
5 development, implementation, and maintenance of security measures to protect ePHI and to manage the
6 conduct of CONTRACTOR's workforce in relation to the protection of that information.

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

9 a. Breach excludes:

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

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

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

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

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

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

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

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

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

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

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

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

1 7. “Individual” shall have the meaning given to such term under the HIPAA Privacy Rule in
2 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance
3 with 45 CFR § 164.502(g).

4 8. “Physical Safeguards” are physical measures, policies, and procedures to protect
5 CONTRACTOR’s electronic information systems and related buildings and equipment, from natural
6 and environmental hazards, and unauthorized intrusion.

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

9 10. “PHI” shall have the meaning given to such term under the HIPAA regulations in
10 45 CFR § 160.103.

11 11. “Required by Law” shall have the meaning given to such term under the HIPAA Privacy
12 Rule in 45 CFR § 164.103.

13 12. “Secretary” shall mean the Secretary of the Department of HHS or his or her designee.

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

19 14. “The HIPAA Security Rule” shall mean the Security Standards for the Protection of ePHI at
20 45 CFR Part 160, Part 162, and Part 164, Subparts A and C.

21 15. “SubCONTRACTOR” shall have the meaning given to such term under the HIPAA
22 regulations in 45 CFR § 160.103.

23 16. “Technical safeguards” means the technology and the P&Ps for its use that protect ePHI
24 and control access to it.

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

29 18. “Use” shall have the meaning given to such term under the HIPAA regulations in
30 45 CFR § 160.103.

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

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

35 2. CONTRACTOR agrees to use appropriate safeguards, as provided for in this Business
36 Associate Contract and the Agreement, to prevent use or disclosure of PHI COUNTY discloses to
37 //

1 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
2 other than as provided for by this Business Associate Contract.

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

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

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

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

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

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

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

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

35 11. CONTRACTOR agrees to provide COUNTY or an Individual, as directed by COUNTY, in
36 a time and manner to be determined by COUNTY, that information collected in accordance with the
37 //

1 Agreement, in order to permit COUNTY to respond to a request by an Individual for an accounting of
2 Disclosures of PHI in accordance with 45 CFR § 164.528.

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

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

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

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

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

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

37 //

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

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

7 D. SECURITY RULE

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

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

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

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

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

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

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

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

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

4 E. DATA SECURITY REQUIREMENTS

5 1. Personal Controls

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

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

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

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

31 2. Technical Security Controls

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

37 //

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

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

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

15 e. Antivirus software. All workstations, laptops and other systems that process and/or
16 store PHI COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or
17 transmits on behalf of COUNTY must have installed and actively use comprehensive anti-virus software
18 solution with automatic updates scheduled at least daily.

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

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

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

1 3) Arabic numerals (0-9)

2 4) Non-alphanumeric characters (punctuation symbols)

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

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

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

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

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

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

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

37 3. Audit Controls

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

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

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

14 4. Business Continuity/Disaster Recovery Control

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

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

27 5. Paper Document Controls

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

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

37 //

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

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

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

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

19 F. BREACH DISCOVERY AND NOTIFICATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 G. PERMITTED USES AND DISCLOSURES BY CONTRACTOR

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

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

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

11 1) The Disclosure is required by law; or

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

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

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

22 3. CONTRACTOR may use and disclose PHI COUNTY discloses to CONTRACTOR
23 consistent with the minimum necessary P&Ps of COUNTY.

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

26 H. PROHIBITED USES AND DISCLOSURES

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

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

36 I. OBLIGATIONS OF COUNTY

37 //

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

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

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

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

12 J. BUSINESS ASSOCIATE TERMINATION

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

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

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

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

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

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

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

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

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EXHIBIT C

AMENDMENT NO. ~~1-10~~₂ TO CONTRACT FOR PROVISION OF
INPATIENT BEHAVIORAL HEALTH SERVICES

BETWEEN

COUNTY OF ORANGE

AND

ALISO RIDGE BEHAVIORAL HEALTH, LLC

UPON EXECUTION OF ALL AUTHORIZED SIGNATURES THROUGH JUNE 30, 2024

I. PERSONAL INFORMATION PRIVACY AND SECURITY CONTRACT

Any reference to statutory, regulatory, or contractual language herein shall be to such language as in effect or as amended.

A. DEFINITIONS

1. "Breach" shall have the meaning given to such term under the IEA and CMPPA. It shall include a "PII loss" as that term is defined in the CMPPA.

2. "Breach of the security of the system" shall have the meaning given to such term under the CIPA, CCC § 1798.29(d).

3. "CMPPA Agreement" means the CMPPA Agreement between the SSA and CHHS.

4. "DHCS PI" shall mean PI, as defined below, accessed in a database maintained by the COUNTY or DHCS, received by CONTRACTOR from the COUNTY or DHCS or acquired or created by CONTRACTOR in connection with performing the functions, activities and services specified in the Agreement on behalf of the COUNTY.

5. "IEA" shall mean the IEA currently in effect between the SSA and DHCS.

6. "Notice-triggering PI" shall mean the PI identified in CCC § 1798.29(e) whose unauthorized access may trigger notification requirements under CCC § 1709.29. For purposes of this provision, identity shall include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print, a photograph or a biometric identifier. Notice-triggering PI includes PI in electronic, paper or any other medium.

7. "PII" shall have the meaning given to such term in the IEA and CMPPA.

8. "PI" shall have the meaning given to such term in CCC § 1798.3(a).

9. "Required by law" means a mandate contained in law that compels an entity to make a use or disclosure of PI or PII that is enforceable in a court of law. This includes, but is not limited to, court orders and court-ordered warrants, subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information, and a civil or an authorized investigative demand. It also includes Medicare conditions of participation with respect to health care providers participating in the program, and statutes or

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regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.

10. "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of PI, or confidential data utilized in complying with this Agreement; or interference with system operations in an information system that processes, maintains or stores PI.

B. TERMS OF AGREEMENT

1. Permitted Uses and Disclosures of DHCS PI and PII by CONTRACTOR. Except as otherwise indicated in this Exhibit, CONTRACTOR may use or disclose DHCS PI only to perform functions, activities, or services for or on behalf of the COUNTY pursuant to the terms of the Agreement provided that such use or disclosure would not violate the CIPA if done by the COUNTY.

2. Responsibilities of CONTRACTOR

CONTRACTOR agrees:

a. Nondisclosure. Not to use or disclose DHCS PI or PII other than as permitted or required by this Personal Information Privacy and Security Contract or as required by applicable state and federal law.

b. Safeguards. To implement appropriate and reasonable administrative, technical, and physical safeguards to protect the security, confidentiality and integrity of DHCS PI and PII, to protect against anticipated threats or hazards to the security or integrity of DHCS PI and PII, and to prevent use or disclosure of DHCS PI or PII other than as provided for by this Personal Information Privacy and Security Contract. CONTRACTOR shall develop and maintain a written information privacy and security program that include administrative, technical and physical safeguards appropriate to the size and complexity of CONTRACTOR's operations and the nature and scope of its activities, which incorporate the requirements of Subparagraph c., below. CONTRACTOR will provide COUNTY with its current policies upon request.

c. Security. CONTRACTOR shall ensure the continuous security of all computerized data systems containing DHCS PI and PII. CONTRACTOR shall protect paper documents containing DHCS PI and PII. These steps shall include, at a minimum:

1) Complying with all of the data system security precautions listed in Subparagraph E. of the Business Associate Contract, Exhibit B to the Agreement; and

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

3) If the data obtained by CONTRACTOR from COUNTY includes PII, CONTRACTOR shall also comply with the substantive privacy and security requirements in the CMPPA Agreement between the SSA and the CHHS and in the Agreement between the SSA and DHCS, known as the IEA. The specific sections of the IEA with substantive privacy and security

requirements to be complied with are sections E, F, and G, and in Attachment 4 to the IEA, Electronic Information Exchange Security Requirements, Guidelines and Procedures for Federal, State and Local Agencies Exchanging Electronic Information with the SSA. CONTRACTOR also agrees to ensure that any of CONTRACTOR’s agents or subcontractors, to whom CONTRACTOR provides DHCS PII agree to the same requirements for privacy and security safeguards for confidential data that apply to CONTRACTOR with respect to such information.

d. Mitigation of Harmful Effects. To mitigate, to the extent practicable, any harmful effect that is known to CONTRACTOR of a use or disclosure of DHCS PI or PII by CONTRACTOR or its subcontractors in violation of this Personal Information Privacy and Security Contract.

e. CONTRACTOR's Agents and Subcontractors. To impose the same restrictions and conditions set forth in this Personal Information and Security Contract on any subcontractors or other agents with whom CONTRACTOR subcontracts any activities under the Agreement that involve the disclosure of DHCS PI or PII to such subcontractors or other agents.

f. Availability of Information. To make DHCS PI and PII available to the DHCS and/or COUNTY for purposes of oversight, inspection, amendment, and response to requests for records, injunctions, judgments, and orders for production of DHCS PI and PII. If CONTRACTOR receives DHCS PII, upon request by COUNTY and/or DHCS, CONTRACTOR shall provide COUNTY and/or DHCS with a list of all employees, CONTRACTORS and agents who have access to DHCS PII, including employees, CONTRACTORS and agents of its subcontractors and agents.

g. Cooperation with COUNTY. With respect to DHCS PI, to cooperate with and assist the COUNTY to the extent necessary to ensure the DHCS’s compliance with the applicable terms of the CIPA including, but not limited to, accounting of disclosures of DHCS PI, correction of errors in DHCS PI, production of DHCS PI, disclosure of a security Breach involving DHCS PI and notice of such Breach to the affected individual(s).

h. Breaches and Security Incidents. During the term of the Agreement, CONTRACTOR agrees to implement reasonable systems for the discovery of any Breach of unsecured DHCS PI and PII or security incident. CONTRACTOR agrees to give notification of any Breach of unsecured DHCS PI and PII or security incident in accordance with Subparagraph F. of the Business Associate Contract, Exhibit B to the Agreement.

i. Designation of Individual Responsible for Security. CONTRACTOR shall designate an individual, (e.g., Security Officer), to oversee its data security program who shall be responsible for carrying out the requirements of this Personal Information Privacy and Security Contract and for communicating on security matters with the COUNTY.

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