

CONTRACT FOR PROVISION OF
 ASSISTED OUTPATIENT TREATMENT FULL SERVICE PARTNERSHIP SERVICES
 BETWEEN
 COUNTY OF ORANGE
 AND
 TELECARE CORPORATION
 JULY 1, 2021 THROUGH JUNE 30, ~~2024~~ 2026

THIS CONTRACT entered into this 1st day of July 2021 (effective date), is by and between the COUNTY OF ORANGE, a political subdivision of the State of California (COUNTY), and TELECARE CORPORATION, a California for-profit corporation (CONTRACTOR). COUNTY and CONTRACTOR may sometimes be referred to herein individually as "Party" or collectively as "Parties." This Contract 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 Assisted Outpatient Treatment Full Service Partnership Services described herein to the residents of Orange County; and

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

WHEREAS, the Parties executed Contract No. MA-042-21011285 for Assisted Outpatient Treatment Full Service Partnership Services, effective July 1, 2021, through June 30, 2024, in an amount not to exceed \$10,059,585, renewable for two additional one-year terms ("Contract"); and

WHEREAS, effective August 30, 2022, the Parties executed Amendment No. 1 to adjust the budget line items and staffing pattern in Exhibit A of the Contract; and

WHEREAS, effective January 10, 2023, the Parties executed Amendment No. 2 to adjust the staffing pattern in Exhibit A of the Contract; and

WHEREAS, on September 14, 2022, Senate Bill (SB) 1338 was signed and established the Community Assistance, Recovery, and Empowerment (CARE) Act, which requires County to implement a new civil court process and provide specific services by October 1, 2023; and

WHEREAS, County decided to expand the Assisted Outpatient Treatment Full Service Partnership Services to include the additional caseload and services required by the CARE Act; and

WHEREAS, effective October 1, 2023, the Parties executed Amendment No. 3 to increase the Period Three Not to Exceed Amount by \$1,721,503 from \$3,353,195 to \$5,074,698, for a revised cumulative contract total amount not to exceed \$11,781,088, and to replace Exhibit A of the Contract

1 with Exhibit A-1, to incorporate the increased caseload and services; and

2 **WHEREAS**, the Parties now desire to enter into this Amendment No. 4 to amend Paragraph
3 VII. and Exhibit A-1 of the Contract and to renew the Contract for two years for County to continue
4 receiving and Contractor to continue providing the services set forth in the Contract.

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

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REFERENCED CONTRACT PROVISIONS

~~Term: July 1, 2021 through June 30, 2024~~

~~Period One means the period from July 1, 2021 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~~

Term: July 1, 2021 through June 30, 2026

Period One means the period from July 1, 2021 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

Not to Exceed Amount:

Period One Not to Exceed Amount:	\$3,353,195
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Period Two Not to Exceed Amount:	\$3,353,195
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Period Three Not to Exceed Amount:	\$5,074,698
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Period Four Not to Exceed Amount:	\$4,892,868
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Period Five Not to Exceed Amount:	\$5,256,528
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TOTAL NOT TO EXCEED AMOUNT:	\$21,930,484
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~~**Not to Exceed Amount:**~~

Period One Not to Exceed Amount:	\$3,353,195
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Period Two Not to Exceed Amount:	\$3,353,195
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Period Three Not to Exceed Amount:	\$3,353,195
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TOTAL NOT TO EXCEED AMOUNT:	\$10,059,585
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~~**Not to Exceed Amount:**~~

Period One Not to Exceed Amount:	\$3,353,195
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Period Two Not to Exceed Amount:	\$3,353,195
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Period Three Not to Exceed Amount:	\$5,074,698
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TOTAL NOT TO EXCEED AMOUNT:	\$11,781,088
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Basis for Reimbursement: Actual Cost

Payment Method: Monthly in Arrears

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

3
4 **CONTRACTOR TAX ID Number: 94-1735271**

5
6 **Notices to COUNTY and CONTRACTOR:**

7
8 **COUNTY:** County of Orange
9 Health Care Agency
10 Contract Services
11 405 West 5th Street, Suite 600
12 Santa Ana, CA 92701-4637

13
14 **CONTRACTOR:** Telecare Corporation
15 1080 Marina Village Parkway, Suite 100
16 Alameda, CA 94501
17 Dawan Utecht, Senior Vice President & Chief Development Officer

18 DUtecht@telecarecorp.com

19 ~~Faith Richie, Senior Vice President & Chief Development Officer~~

20 ~~frichie@telecarecorp.com~~

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I. ACRONYMS

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

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

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

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

30 **II. ALTERATION OF TERMS**

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

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

III. ASSIGNMENT OF DEBTS

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

IV. COMPLIANCE

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

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

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

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

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

4. If CONTRACTOR elects to have its own compliance program, code of conduct and any

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

V. CONFIDENTIALITY

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

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

2. CONTRACTOR acknowledges and agrees that it shall be responsible for obtaining written consents for the release of information from all persons served by CONTRACTOR pursuant to this Contract. Such consents shall be obtained by CONTRACTOR in accordance with CCC, Division 1, Part 2.6, relating to confidentiality of medical information.

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

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

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CONTRACTOR members of the Board of Directors or its designee or authorized agent, employees, consultants, subcontractors, volunteers and interns.

VI. CONFLICT OF INTEREST

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

VII. COST REPORT

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

A. CONTRACTOR shall submit separate Cost Reports for each Period, or for a portion thereof, to COUNTY no later than sixty (60) calendar days following the period for which they are prepared or termination of this Contract. CONTRACTOR shall prepare the individual and/or consolidated Cost Report in accordance with all applicable federal, state and COUNTY requirements, GAAP and the Special Provisions Paragraph of this Contract. CONTRACTOR shall allocate direct and indirect costs to and between programs, cost centers, services, and funding sources in accordance with such requirements and consistent with prudent business practice, which costs and allocations shall be supported by source documentation maintained by CONTRACTOR, and available at any time to ADMINISTRATOR upon reasonable notice. In the event CONTRACTOR has multiple contracts for

1 mental health services that are administered by HCA, consolidation of the individual Cost Reports into a
 2 single consolidated Cost Report may be required, as stipulated by ADMINISTRATOR.
 3 CONTRACTOR shall submit the consolidated Cost Report to COUNTY no later than five (5) business
 4 days following approval by ADMINISTRATOR of all individual Cost Reports to be incorporated into a
 5 consolidated Cost Report.

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

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

14 b. ADMINISTRATOR may withhold or delay any or all payments due CONTRACTOR
 15 pursuant to any or all contracts between COUNTY and CONTRACTOR until such time that the
 16 accurate and complete individual and/or consolidated Cost Report is delivered to ADMINISTRATOR.

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

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

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

32 C. Final settlement shall be based upon the actual and reimbursable costs for services hereunder,
 33 less applicable revenues and any late penalty, not to exceed COUNTY's Total Not to Exceed Amount as
 34 set forth in the Referenced Contract Provisions of this Contract. CONTRACTOR shall not claim
 35 expenditures to COUNTY which are not reimbursable pursuant to applicable federal, state and
 36 COUNTY laws, regulations and requirements. Any payment made by COUNTY to CONTRACTOR,
 37 which is subsequently determined to have been for an unreimbursable expenditure or service, shall be

repaid by CONTRACTOR to COUNTY in cash, or other authorized form of payment, within thirty (30) calendar days of submission of the individual and/or consolidated Cost Report or COUNTY may elect to reduce any amount owed CONTRACTOR by an amount not to exceed the reimbursement due COUNTY.

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

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

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

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

Signed _____
 Name _____
 Title _____
 Date _____"

VIII. DEBARMENT AND SUSPENSION CERTIFICATION

A. CONTRACTOR certifies that it and its principals:

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

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

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

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

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

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

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

IX. DELEGATION, ASSIGNMENT AND SUBCONTRACTS

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

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

1. If CONTRACTOR is a nonprofit organization, any change from a nonprofit corporation to any other corporate structure of CONTRACTOR, including a change in more than fifty percent (50%) of the composition of the Board of Directors within a two (2) month period of time, shall be deemed an

1 assignment for purposes of this paragraph, unless CONTRACTOR is transitioning from a community
 2 clinic/health center to a Federally Qualified Health Center and has been so designated by the Federal
 3 Government. Any attempted assignment or delegation in derogation of this subparagraph shall be void.

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

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

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

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

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

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

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

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

37 3. ADMINISTRATOR may disallow, from payments otherwise due CONTRACTOR,

1 amounts claimed for subcontracts not approved in accordance with this paragraph.

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

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

14 **X. DISPUTE RESOLUTION**

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

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

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

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

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

37 D. This Contract has been negotiated and executed in the State of California and shall be governed

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

XI. EMPLOYEE ELIGIBILITY VERIFICATION

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

XII. EQUIPMENT

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

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

C. Upon ADMINISTRATOR's prior written approval, CONTRACTOR may expense to

COUNTY the cost of the approved Equipment purchased by CONTRACTOR. To “expense,” in relation to Equipment, means to charge the proportionate cost of Equipment in the fiscal year in which it is purchased. Title of expensed Equipment shall be vested with COUNTY.

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

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

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

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

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

XIII. FACILITIES, PAYMENTS AND SERVICES

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

B. In the event that CONTRACTOR is unable to provide the services, staffing, facilities, or supplies as required, ADMINISTRATOR may, at its sole discretion, reduce the Not to Exceed Amount for the appropriate Period as well as the Total Not to Exceed Amount. The reduction to the Not to Exceed Amount for the appropriate Period as well as the Total Not to Exceed Amount shall be in an amount proportionate to the number of days in which CONTRACTOR was determined to be unable to provide services, staffing, facilities or supplies.

XIV. INDEMNIFICATION AND INSURANCE

A. CONTRACTOR agrees to indemnify, defend with counsel approved in writing by COUNTY,

1 and hold COUNTY, its elected and appointed officials, officers, employees, agents and those special
 2 districts and agencies for which COUNTY's Board of Supervisors acts as the governing Board
 3 ("COUNTY INDEMNITEES") harmless from any claims, demands or liability of any kind or nature,
 4 including but not limited to personal injury or property damage, arising from or related to the services,
 5 products or other performance provided by CONTRACTOR pursuant to this Contract. If judgment is
 6 entered against CONTRACTOR and COUNTY by a court of competent jurisdiction because of the
 7 concurrent active negligence of COUNTY or COUNTY INDEMNITEES, CONTRACTOR and
 8 COUNTY agree that liability will be apportioned as determined by the court. Neither Party shall
 9 request a jury apportionment.

10 B. Prior to the provision of services under this Contract, CONTRACTOR agrees to purchase all
 11 required insurance at CONTRACTOR's expense, including all endorsements required herein, necessary
 12 to satisfy COUNTY that the insurance provisions of this Contract have been complied with.
 13 CONTRACTOR agrees to keep such insurance coverage, Certificates of Insurance, and endorsements
 14 on deposit with COUNTY during the entire term of this Contract.

15 C. CONTRACTOR shall ensure that all subcontractors performing work on behalf of
 16 CONTRACTOR pursuant to this Contract shall be covered under CONTRACTOR's insurance as an
 17 Additional Insured or maintain insurance subject to the same terms and conditions as set forth herein for
 18 CONTRACTOR. CONTRACTOR shall not allow subcontractors to work if subcontractors have less
 19 than the level of coverage required by COUNTY from CONTRACTOR under this Contract. It is the
 20 obligation of CONTRACTOR to provide notice of the insurance requirements to every subcontractor
 21 and to receive proof of insurance prior to allowing any subcontractor to begin work. Such proof of
 22 insurance must be maintained by CONTRACTOR through the entirety of this Contract for inspection by
 23 COUNTY representative(s) at any reasonable time.

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

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

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

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

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

F. QUALIFIED INSURER

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

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

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

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,

1 CA 00 05, CA 00 12, CA 00 20, or a substitute form providing coverage at least as broad.

2 I. REQUIRED ENDORSEMENTS

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

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

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

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

14 //

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

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

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

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

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

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

34 N. Insurance certificates should be forwarded to the agency/department address specified in the
35 Referenced Contract Provisions of this Contract.

36 O. If CONTRACTOR fails to provide the insurance certificates and endorsements within seven (7)
37 calendar days of notification by CEO/Purchasing or the agency/department purchasing division, it shall

1 constitute a breach of CONTRACTOR's obligation hereunder and grounds for COUNTY to suspend or
2 terminate this Contract.

3 P. COUNTY expressly retains the right to require CONTRACTOR to increase or decrease
4 insurance of any of the above insurance types throughout the term of this Contract. Any increase or
5 decrease in insurance shall be as deemed by County of Orange Risk Manager as appropriate to
6 adequately protect COUNTY.

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

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

15 S. SUBMISSION OF INSURANCE DOCUMENTS

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

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

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

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

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

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

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

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

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

36 4. In no cases shall assurances by CONTRACTOR, its employees, agents, including any
37 insurance agent, be construed as adequate evidence of insurance. COUNTY will only accept valid COIs

1 and endorsements, or in the interim, an insurance binder as adequate evidence of insurance coverage.

3 **XV. INSPECTIONS AND AUDITS**

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

14 //

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

19 **C. AUDIT RESPONSE**

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

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

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

35 E. CONTRACTOR shall forward to ADMINISTRATOR a copy of any audit report within
36 fourteen (14) calendar days of receipt. Such audit shall include, but not be limited to, management,
37 financial, programmatic or any other type of audit of CONTRACTOR's operations, whether or not the

cost of such operation or audit is reimbursed in whole or in part through this Contract.

XVI. LICENSES AND LAWS

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

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

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

23. 42 CFR, Section 438, Managed Care Regulations

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

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

XVII. LITERATURE, ADVERTISEMENTS AND SOCIAL MEDIA

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

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

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

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

XVIII. MINIMUM WAGE LAWS

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

1 providing services pursuant to this Contract be paid no less than the greater of the federal or California
2 Minimum Wage.

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

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

10 11 **XIX. NONDISCRIMINATION**

12 **A. EMPLOYMENT**

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

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

27 3. CONTRACTOR shall not discriminate between employees with spouses and employees
28 with domestic partners, or discriminate between domestic partners and spouses of those employees, in
29 the provision of benefits.

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

33 5. All solicitations or advertisements for employees placed by or on behalf of
34 CONTRACTOR and/or subcontractor shall state that all qualified applicants will receive consideration
35 for employment without regard to race, religious creed, color, national origin, ancestry, physical
36 disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender
37 identity, gender expression, age, sexual orientation, or military and veteran status. Such requirements

1 shall be deemed fulfilled by use of the term EOE.

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

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

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

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

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

37 a. COUNTY shall establish a formal resolution and grievance process in the event

informal processes do not yield a resolution.

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

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

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

//

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

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

XX. NOT TO EXCEED AMOUNT

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

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

XXI. NOTICES

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

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

ADMINISTRATOR;

2. When faxed, transmission confirmed;
3. When sent by Email; or
4. When accepted by U.S. Postal Service Express Mail, Federal Express, United Parcel Service, or any other expedited delivery service.

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

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

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

XXII. NOTIFICATION OF DEATH

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

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

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

2. WRITTEN NOTIFICATION

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

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

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

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

XXIII. NOTIFICATION OF PUBLIC EVENTS AND MEETINGS

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

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

XXIV. PATIENT'S RIGHTS

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

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

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

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

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

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

XXV. PAYMENT CARD COMPLIANCE

Should CONTRACTOR conduct credit/debit card transactions in conjunction with their business with COUNTY, on behalf of COUNTY, or as part of the business that they conduct, CONTRACTOR covenants and warrants that it is currently PA DSS and PCI DSS compliant and shall remain compliant during the entire duration of this Contract. CONTRACTOR agrees to immediately notify COUNTY in

the event CONTRACTOR should ever become non-compliant and to take all necessary steps to return to compliance and shall be compliant within ten (10) business days of the commencement of any such interruption. Upon demand by COUNTY, CONTRACTOR shall provide to COUNTY written certification of CONTRACTOR's PA DSS and/or PCI DSS compliance.

XXVI. RECORDS MANAGEMENT AND MAINTENANCE

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

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

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

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

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

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

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

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

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

F. CONTRACTOR shall make records pertaining to the costs of services, participant fees, charges,

1 billings, and revenues available at one (1) location within the limits of the County of Orange. If
 2 CONTRACTOR is unable to meet the record location criteria above, ADMINISTRATOR may provide
 3 written approval to CONTRACTOR to maintain records in a single location, identified by
 4 CONTRACTOR.

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

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

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

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

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

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

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

22 2. Provide auditor or other authorized individuals access to documents via a computer
 23 terminal.

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

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

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

33 34 **XXVII. RESEARCH AND PUBLICATION**

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

XXVIII. REVENUE

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

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

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

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

XXIX. SEVERABILITY

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

XXX. SPECIAL PROVISIONS

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

1. Making cash payments to intended recipients of services through this Contract.
2. Lobbying any governmental agency or official. CONTRACTOR shall file all certifications and reports in compliance with this requirement pursuant to Title 31, USC, §1352 (e.g., limitation on use of appropriated funds to influence certain federal contracting and financial transactions).
3. Fundraising.

4. Purchase of gifts, meals, entertainment, awards, or other personal expenses for CONTRACTOR's staff, volunteers, interns, consultants, subcontractors, and members of the Board of Directors or governing body.

5. Reimbursement of CONTRACTOR's members of the Board of Directors or governing body for expenses or services.

6. Making personal loans to CONTRACTOR's staff, volunteers, interns, consultants, subcontractors, and members of the Board of Directors or governing body, or its designee or authorized agent, or making salary advances or giving bonuses to CONTRACTOR's staff.

7. Paying an individual salary or compensation for services at a rate in excess of the current Level I of the Executive Salary Schedule as published by the OPM. The OPM Executive Salary Schedule may be found at www.opm.gov.

8. Severance pay for separating employees.

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

10. Supplanting current funding for existing services.

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

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

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

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

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

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

6. Providing inpatient hospital services or purchasing major medical equipment.

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

8. Purchase of gifts, meals, entertainment, awards, or other personal expenses for CONTRACTOR's Clients.

XXXI. STATUS OF CONTRACTOR

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

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

XXXII. TERM

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

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

XXXIII. TERMINATION

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

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

1. The loss by CONTRACTOR of legal capacity.
2. Cessation of services.
3. The delegation or assignment of CONTRACTOR's services, operation or administration to another entity without the prior written consent of COUNTY.
4. The neglect by any physician or licensed person employed by CONTRACTOR of any duty required pursuant to this Contract.
5. The loss of accreditation or any license required by the Licenses and Laws Paragraph of this Contract.
6. The continued incapacity of any physician or licensed person to perform duties required pursuant to this Contract.

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

5 C. CONTINGENT FUNDING

6 1. Any obligation of COUNTY under this Contract is contingent upon the following:
7 a. The continued availability of federal, state and county funds for reimbursement of
8 COUNTY's expenditures, and

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

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

15 D. In the event this Contract is suspended or terminated prior to the completion of the term as
16 specified in the Referenced Contract Provisions of this Contract, ADMINISTRATOR may, at its sole
17 discretion, reduce the Total Not To Exceed Amount of this Contract to be consistent with the reduced
18 term of the Contract.

19 E. In the event this Contract is terminated, CONTRACTOR shall do the following:

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

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

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

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

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

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

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

35 8. To the extent services are terminated, cancel outstanding commitments covering the
36 procurement of materials, supplies, equipment, and miscellaneous items, as well as outstanding
37 commitments which relate to personal services. With respect to these canceled commitments,

1 CONTRACTOR shall submit a written plan for settlement of all outstanding liabilities and all claims
2 arising out of such cancellation of commitment which shall be subject to written approval of
3 ADMINISTRATOR.

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

8 F. Either Party may terminate this Contract, without cause, upon ninety (90) calendar days' written
9 notice.

10 G. The rights and remedies of COUNTY provided in this Termination Paragraph shall not be
11 exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

12 **XXXIV. THIRD PARTY BENEFICIARY**

13 Neither Party hereto intends that this Contract shall create rights hereunder in third parties
14 including, but not limited to, any subcontractors or any Clients provided services pursuant to this
15 Contract.
16

17 **XXXV. WAIVER OF DEFAULT OR BREACH**

18 Waiver by COUNTY of any default by CONTRACTOR shall not be considered a waiver of any
19 subsequent default. Waiver by COUNTY of any breach by CONTRACTOR of any provision of this
20 Contract shall not be considered a waiver of any subsequent breach. Waiver by COUNTY of any
21 default or any breach by CONTRACTOR shall not be considered a modification of the terms of this
22 Contract.
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SIGNATURE PAGE

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

TELECARE CORPORATION

BY: _____ DATED: _____

TITLE: _____

COUNTY OF ORANGE

BY: _____ DATED: _____

PURCHASING AGENT/DESIGNEE

APPROVED AS TO FORM
OFFICE OF THE COUNTY COUNSEL
ORANGE COUNTY, CALIFORNIA

BY: _____ DATED: _____

DEPUTY

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

~~EXHIBIT A~~
~~TO CONTRACT FOR PROVISION OF~~
~~ASSISTED OUTPATIENT TREATMENT FULL SERVICE PARTNERSHIP SERVICES~~
~~BETWEEN~~
~~COUNTY OF ORANGE~~
~~AND~~
~~TELECARE CORPORATION~~
~~JULY 1, 2021 THROUGH JUNE 30, 2024~~

I. COMMON TERMS AND DEFINITIONS

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

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

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

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

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

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

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

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

~~—— c. Emerging Practices means that the practice(s) seems like a logical approach to addressing a specific behavior which is becoming distinct, recognizable among Clients and clinicians in~~

practice, or innovators in academia or policy makers; and at least one recognized expert, group of researchers or other credible individuals have endorsed the practice as worthy of attention based on outcomes; and finally, it produces specific outcomes.

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

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

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

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

10. Client or Member means an individual, referred by COUNTY or enrolled in CONTRACTOR's program for services under the Contract, who experiences severe mental illness.

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

12. Crisis Stabilization Unit (CSU) means a psychiatric crisis stabilization program that operates twenty four (24) hours a day that serves Orange County residents, aged 18 and older, who are experiencing a psychiatric crisis and need immediate evaluation. Clients 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 Clients for no longer than twenty three (23) hours and fifty nine (59) minutes.

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

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

a. 3M means the Quarterly Assessment Form that is completed for each Client every three

months in the approved data collection system.

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

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

d. KET means Key Event Tracking and refers to the tracking of a Client's movement or changes in the approved data collection system. A KET must be completed and entered accurately each time CONTRACTOR is reporting a change from previous Client status in certain categories. These categories include: residential status, employment status, education, legal status, emergency intervention episodes, and benefits establishment.

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

15. DCR means Data Collection and Reporting and refers to the DHCS developed data collection and reporting system that ensures adequate research and evaluation regarding the effectiveness of services being provided and the achievement of outcome measures. COUNTY is required to report Client information and outcomes of the FSP program directly to the FSP DCR system by XML file submission of the three different type of Client assessments (PAF, KET, and 3M).

16. Diagnosis means the definition of the nature of the Client's disorder. When formulating the Diagnosis of Client, CONTRACTOR shall use the diagnostic codes as specified in the most current edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association. DSM diagnoses shall be recorded on all IRIS documents, as appropriate.

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

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

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~~19. Face-to-Face means an encounter between Client and provider where they are both physically present.~~

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

- ~~1) Crisis Management;~~
 - ~~2) Housing Services;~~
 - ~~3) Twenty four (24) hours per day, seven (7) days per week intensive case management;~~
 - ~~4) Community-based Recovery Services;~~
 - ~~5) Vocational and Educational Services;~~
 - ~~6) Job Coaching/Developing;~~
 - ~~7) Client employment;~~
 - ~~8) Money Management/Representative Payee Support;~~
 - ~~9) Flexible Fund account for immediate needs;~~
 - ~~10) Transportation;~~
 - ~~11) Illness Education and Self Management;~~
 - ~~12) Medication Support;~~
 - ~~13) Co-occurring Services;~~
 - ~~14) Linkage to Financial Benefits/Entitlements;~~
 - ~~15) Family and Peer Support; and~~
 - ~~16) Supportive Socialization and Meaningful Community Roles.~~
- ~~a. Client services are focused on recovery and harm reduction to encourage the highest level of Client empowerment and independence achievable. PSC shall meet with the Client in their current community setting and shall develop a supportive relationship with the individual served. Substance use treatment shall be integrated into services and provided by the Client's team to individuals with a co-occurring disorder.~~
- ~~b. The FSP shall offer "whatever it takes" to engage seriously mentally ill adults, including those who have co-occurring disorders, in a partnership to achieve the individual's wellness and recovery goals. Services shall be non-coercive and focused on engaging Clients in the field. The goal of FSP Programs is to assist the Clients to progress through pre-determined quality of life outcome~~

domains (e.g., housing, decreased incarcerations, decreased hospitalizations, increased education involvement, increased employment opportunities and retention, linkage to medical providers, etc.) and become more independent and self-sufficient as Clients move through the continuum of recovery as evidenced by progressing to a lower level of care or out of the “intensive case management” need category.

21. Housing Specialist means a specialized position dedicated to developing the full array of housing options for their program and monitoring their suitability for the population served in accordance with the minimal housing standards policy set by COUNTY for their program. This individual is also responsible for assisting Clients with applications to low income housing, housing subsidies, senior housing, etc. This individual is responsible for keeping abreast of the continuum of housing placements as well as Fair Housing laws and guidelines. This individual is responsible for understanding the procedures involved in housing placement, including but not limited to: the referral process, Coordinated Entry System, Licensed Residential placements, and temporary housing placements.

22. Individual Services and Support Funds — Flexible Funds means funds intended for use to provide Clients and/or their families with immediate assistance, as deemed clinically necessary, for the treatment of their mental illness and their overall quality of life. Flexible Funds are generally categorized as housing, transportation, food, clothing, medical and miscellaneous expenditures that are individualized and appropriate to support Client’s mental health treatment activities.

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

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

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

26. Job Coach/Developer means a specialized position dedicated to developing and increasing employment opportunities for the Client and matching the job to the Client’s strengths, abilities, desires, and goals. This position also integrates knowledge about career development and job preparation to ensure successful job retention and satisfaction of both employer and employee.

27. Linkage means to assist an individual to connect with a referral.

28. Medical Necessity means the requirements as defined by CCR Title 9 and as listed in COUNTY MHP Medical Necessity for Medi-Cal Reimbursed Specialty Mental Health Services that includes Diagnosis, Impairment Criteria and Intervention Related Criteria.

~~29. Member Advisory Board means a member-driven board which shall direct the activities, provide recommendations for ongoing program development, and create the rules of conduct for the program.~~

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

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

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

~~c. Co-Occurring Integrated Treatment Model means an evidence-based Integrated Treatment programs, in which Clients receive a combined treatment for mental illness and substance abuse disorders from the same practitioner or treatment team.~~

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

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

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

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

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

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

~~32. MFT means Marriage and Family Therapist and refers to an individual who meets the minimum professional and licensure requirements set forth in CCR, Title 9, Section 626.~~

~~33. MHS means Mental Health Specialist and refers to an individual who has a Bachelor's Degree and four years of experience in a mental health setting and who performs individual and group case management studies.~~

~~34. MHSA means Mental Health Services Act and refers to the law that provides funding for expanded community Mental Health Services. It is also known as "Proposition 63."~~

~~35. MORS means Milestones of Recovery Scale and refers to a recovery scale that COUNTY will be using for the Adult mental health programs in COUNTY. The scale shall provide the means of assigning Clients to their appropriate level of care and replace the diagnostic and acuity of illness based tools. MORS is ideally suited to serve as a recovery-based tool for identifying the level of service needed by participating members. The scale shall be used to create a map of the system by determining which milestone(s) or level of recovery (based on the MORS) are the target groups for different programs across the continuum of programs and services offered by COUNTY.~~

~~36. NOABD means Notice of Adverse Benefit Determination. Notice of Adverse Benefit Determination is a Medi-Cal requirement defined to mean any of the following actions taken by a Plan: 1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit; 2) The reduction, suspension, or termination of a previously authorized service; 3) The denial, in whole or in part, of payment for a service; 4) The failure to provide services in a timely manner; 5) The failure to act within the required timeframes for standard resolution of grievances and appeals; and 6) The denial of a beneficiary's request to dispute financial liability.~~

~~37. NPI means National Provider Identifier and refers to the standard unique health identifier that was adopted by the Secretary of HHS under HIPAA for health care providers. All HIPAA covered healthcare providers, individuals and organizations must obtain an NPI for use to identify themselves in HIPAA standard transactions. The NPI is assigned for life.~~

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~~38. NPP means Notice of Privacy Practices and refers to a document that notifies individuals of uses and disclosures of PHI that may be made by or on behalf of the health plan or health care provider as set forth in HIPAA.~~

~~39. Outreach means the Outreach to potential Clients to link them to appropriate Mental Health Services and may include activities that involve educating the community about the services offered and requirements for participation in the programs. Such activities should result in CONTRACTOR developing its own Client referral sources for the programs it offers.~~

~~40. Peer Recovery Specialist/Counselor means an individual who has been through the same or similar recovery process as those he/she is now assisting to attain their recovery goals while getting paid for this function by the program. A Peer Recovery Specialist/Counselor's practice is informed by his/her own experience.~~

~~41. Pharmacy Benefits Manager (PBM) means the organization that manages the medication benefits that are given to Clients that qualify for medication benefits.~~

~~42. PHI means Protected Health Information and refers to individually identifiable health information usually transmitted by electronic media and 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.~~

~~43. Pre-Licensed Psychologist means an individual who has obtained a Ph.D. or Psy.D. in Clinical Psychology and is registered with the Board of Psychology as a registered Psychology Intern or Psychological Assistant, acquiring hours for licensing, and waived in accordance with Welfare and Institutions Code section 575.2. The waiver may not exceed five (5) years.~~

~~44. Pre-Licensed Therapist means an individual who has obtained a Master's Degree in Social Work or Marriage and Family Therapy and is registered with the Board of Behavioral Sciences (BBS) as an Associate CSW or Associate MFT acquiring hours for licensing. An individual's registration is subject to regulations adopted by the BBS.~~

~~45. Program Administrator means an individual who has complete responsibility for the day to day function of the program. The Program Administrator is the highest level of decision making at a local, program level.~~

~~46. Promotora de Salud Model means a model where trained individuals, Promotores, work towards improving the health of their communities by linking their neighbors to health care and social services and educating their peers about mental illness, disease and injury prevention.~~

~~47. Promotores means individuals who are members of the community who function as natural helpers to address some of their communities' unmet mental health, health and human service needs. They are individuals who represent the ethnic, socio-economic and educational traits of the population~~

they serve. Promotores are respected and recognized by their peers and have the pulse of the community's needs.

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

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

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

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

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

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

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

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

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

53. Referral means the act of sending an individual to another person or place for services, help, advice, etc. When indicated, follow-up shall be provided within five (5) working days to assure that the Client has made contact with the referred service.

54. SUD means Substance Use Disorder and refers to a condition in which the use of one or more substances leads to a clinically significant impairment or distress per the latest DSM.

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~~55. Supportive Housing PSC means a person who provides services in a supportive housing structure. This person coordinates activities which include, but are not limited to: independent living skills, social activities, supporting communal living, assisting residents with conflict resolution, advocacy, and coordinating care if a resident is under the care of a case manager. Supportive Housing PSC consults with the multidisciplinary team assigned by the program. The PSCs are active in supporting and implementing a FSP Philosophy and its individualized, strengths based, culturally appropriate, and Client centered approach. The Supportive Housing PSC supports all MHSA residents living in the assigned housing project, whether or not the tenant is receiving services from the on-site FSP. The Supportive Housing PSC works with Property Manager, MHSA Housing County monitor, Resident Clinical Service Coordinator, and other support services located on-site. This individual provides services that support housing sustainability for MHSA tenants and is active in supporting and implementing a Full Service Partnership approach that is individualized, strengths based, culturally appropriate, and Client centered.~~

~~56. 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 administrator or designee.~~

~~57. Token means the security device which allows an individual user to access COUNTY's computer based IRIS.~~

~~58. UMDAP means the Uniform Method of Determining Ability to Pay and refers to the method used for determining the annual Client liability for Mental Health Services received from COUNTY mental health system and is set by the State of California.~~

~~59. Vocational/Educational Specialist means a person who provides services that range from pre-vocational groups, trainings and supports to obtain employment out in the community based on the Client's level of need and desired support. The Vocational/Educational Specialist provides "one on one" vocational counseling and support to Clients to ensure that their needs and goals are being met. The overall focus of the Vocational/Educational Specialist is to empower Clients and provide them with the knowledge and resources to achieve the highest level of vocational functioning possible.~~

~~60. WRAP means Wellness Recovery Action Plan and refers to a Client self help tool for monitoring and responding to symptoms to achieve the highest possible levels of wellness, stability, and quality of life.~~

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

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H. BUDGET

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

ADMINISTRATIVE COSTS	PERIOD ONE	PERIOD TWO	PERIOD THREE	TOTAL
Indirect Costs	\$ 437,374	\$ 437,374	\$ 437,374	\$ 1,303,122
SUBTOTAL ADMINISTRATIVE	\$ 437,374	\$ 437,374	\$ 437,374	\$ 1,303,122
PROGRAM COSTS				
Salaries	\$ 1,410,284	\$ 1,417,645	\$ 1,417,645	\$ 4,245,574
Benefits	427,383	420,022	420,022	1,267,427
Services & Supplies	531,152	531,152	531,152	1,593,456
Flex Funds	129,270	129,270	129,270	387,810
Subcontracts	417,732	417,732	417,732	1,253,196
SUBTOTAL PROGRAM	\$ 2,915,821	\$ 2,915,821	\$ 2,915,821	\$ 8,747,463
GROSS COSTS	\$ 3,353,195	\$ 3,353,195	\$ 3,353,195	\$ 10,059,585
REVENUE				
Federal Medi-Cal	\$ 702,382	\$ 702,382	\$ 702,382	\$ 2,107,146
MHSA Medi-Cal	702,382	702,382	702,382	2,107,146
MHSA	1,948,431	1,948,431	1,948,431	5,845,293
TOTAL REVENUE	\$ 3,353,195	\$ 3,353,195	\$ 3,353,195	\$ 10,059,585
NOT TO EXCEED AMOUNT	\$ 3,353,195	\$ 3,353,195	\$ 3,353,195	\$ 10,059,585

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

~~C. CONTRACTOR agrees that the amount of MHSA Medi-Cal Match is dependent upon, and shall at no time be greater than, the amount of Federal Medi-Cal actually generated by CONTRACTOR, unless authorized by ADMINISTRATOR.~~

~~D. In the event CONTRACTOR collects fees and insurance, including Medicare, for services provided pursuant to the Contract, CONTRACTOR may make written application to~~

~~ADMINISTRATOR to retain such revenues; provided, however, the application must specify that the fees and insurance will be utilized exclusively to provide mental health services. ADMINISTRATOR may, at its sole discretion, approve any such retention of revenues. Approval by ADMINISTRATOR shall be in writing to CONTRACTOR and will specify the amount of said revenues to be retained and the quantity of services to be provided by CONTRACTOR. Fees received from private resources on behalf of Medi-Cal Clients shall not be eligible for retention by CONTRACTOR.~~

~~—E. The Parties agree that the above budget reflects an average Medi-Cal Client caseload of approximately thirty-five percent (35%) to be maintained by CONTRACTOR. CONTRACTOR agrees to accept COUNTY referrals that may result in an increase in this average.~~

~~—F. FLEXIBLE FUNDS~~

~~1. CONTRACTOR shall develop a P&P, or revise the existing P&P, regarding Flexible Funds and submit to ADMINISTRATOR no later than twenty (20) calendar days from the start of the Contract. ADMINISTRATOR and CONTRACTOR shall finalize and approve the P&P, in writing, no later than thirty (30) calendar days from the start of the Contract. If the Flexible Funds P&P has not been approved after thirty (30) calendar days from the start of the Contract, any subsequent Flexible Funds expenditures may be disallowed by ADMINISTRATOR.~~

~~2. CONTRACTOR shall ensure that utilization of Flexible Funds is individualized and appropriate for the treatment of Client's mental illness and overall quality of life.~~

~~3. CONTRACTOR shall report the utilization of their Flexible Funds monthly on a form approved by ADMINISTRATOR. The Flexible Funds report shall be submitted with CONTRACTOR's monthly Expenditure and Revenue Report.~~

~~4. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of the approved Flexible Funds P&P. CONTRACTOR shall provide signature confirmation of the Flexible Funds P&P training for each staff member that utilizes these Flexible Funds for a Client.~~

~~5. CONTRACTOR shall ensure the Flexible Funds P&P includes, but not be limited to, the following:~~

~~a. Purpose for which Flexible Funds are to be utilized. This shall include a description of what type of expenditures are appropriate, reasonable, justified and that the expenditure of Flexible Funds shall be individualized according to the Client's needs. Include a sample listing of certain expenditures that are allowable, unallowable, or require discussion with ADMINISTRATOR;~~

~~b. Identification of specific CONTRACTOR staff designated to authorize Flexible Funds expenditures and the mechanism used to ensure this staff has timely access to Flexible Funds. This may include procedures for check requests/petty cash, or other methods of access to these funds;~~

~~c. Identification of the process for documenting and accounting for all Flexible Funds expenditures, which shall include, but not be limited to, retention of comprehensible source documentation such as receipts, copy of Client's lease/rental agreements, general ledgers, and needs documented in Client's treatment plan;~~

~~d. Statement indicating that Flexible Funds may be utilized when other community resources such as family/friends, food banks, shelters, charitable organizations, etc. are not available in a timely manner, or are not appropriate for a Client's situation. PSCs shall assist Client in exploring other available resources, whenever possible, prior to utilizing Flexible Funds;~~

~~e. Statement indicating that no single Flexible Funds expenditure, in excess of \$1,000, shall be made without prior written approval of ADMINISTRATOR. In emergency situations, CONTRACTOR may exceed the \$1,000 limit, if appropriate and justified, and shall notify ADMINISTRATOR the next business day of such an expense. Said notification shall include total costs and a justification for the expense. Failure to notify ADMINISTRATOR within the specified timeframe may result in disallowance of the expenditure;~~

~~f. Statement that pre-purchases shall only be for food, transportation, clothing and motels, as required and appropriate;~~

~~g. Statement indicating that pre-purchases of food, transportation and clothing vouchers and/or gift cards shall be limited to a combined \$5,000 supply on hand at any given time and that all voucher and/or gift card purchases and disbursement shall be tracked and logged by designated CONTRACTOR staff. Vouchers and/or gift cards shall be limited in monetary value to less than twenty-five (\$25) each, unless otherwise approved in advance by ADMINISTRATOR in writing;~~

~~h. Statement indicating that pre-purchases for motels shall be on a case-by-case basis and time limited in nature and only utilized while more appropriate housing is being located. Pre-purchase of motel rooms shall be tracked and logged upon purchase and disbursement;~~

~~i. Statement indicating that Flexible Funds are not to be used for housing for Clients that have not been enrolled in CONTRACTOR's program, unless approved, in advance and in writing, by ADMINISTRATOR;~~

~~j. Statement indicating that Flexible Funds shall not be given in the form of cash to any Clients either enrolled or in the outreach and engagement phase of CONTRACTOR's program; and~~

~~k. Identification of procedure to ensure secured storage and documented disbursement of gift cards and vouchers for Clients, including end-of-year process accounting for gift cards still in staff possession.~~

~~G. BUDGET/STAFFING MODIFICATIONS — CONTRACTOR may request to shift funds between programs, or between budgeted line items within a program, for the purpose of meeting specific program needs or for providing continuity of care to its Clients, by utilizing a Budget/Staffing Modification Request form provided by ADMINISTRATOR. CONTRACTOR shall submit a properly completed Budget/Staffing Modification Request to ADMINISTRATOR for consideration, in advance, which shall include a justification narrative specifying the purpose of the request, the amount of said funds to be shifted, and the sustaining annual impact of the shift as may be applicable to the current contract period and/or future contract periods. CONTRACTOR shall obtain written approval of any Budget/Staffing Modification Request(s) from ADMINISTRATOR prior to implementation by~~

~~CONTRACTOR. Failure of CONTRACTOR to obtain written approval from ADMINISTRATOR for any proposed Budget/Staffing Modification Request(s) may result in disallowance of those costs.~~

~~— H. FINANCIAL RECORDS — CONTRACTOR shall prepare and maintain accurate and complete financial records of its cost and operating expenses. Such records shall reflect the actual cost of the type of service for which payment is claimed. Any apportionment of or distribution of costs, including indirect costs, to or between programs or cost centers of CONTRACTOR shall be documented, and shall be made in accordance with generally accepted principles of accounting, and Medicare regulations. The Client eligibility determination and fee charged to and collected from Clients, together with a record of all billings rendered and revenues received from any source on behalf of Clients treated pursuant to the Contract, must be reflected in CONTRACTOR's financial records.~~

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

III. PAYMENTS

~~— A. COUNTY shall pay CONTRACTOR monthly, in arrears, at the provisional amount of \$279,432 per month for Period One, Period Two and Period Three. All payments are interim payments only, and subject to final settlement in accordance with the Cost Report Paragraph of the Contract for which CONTRACTOR shall be reimbursed for the actual cost of providing the services, which may include Indirect Administrative Costs, as identified in Subparagraph II.A. of this Exhibit A to the Contract; provided, however, the total of such payments does not exceed the Not to Exceed Amount for each period as stated in the Referenced Contract Provisions of the Contract and, provided further, CONTRACTOR's costs are reimbursable pursuant to County, State, and/or Federal regulations. ADMINISTRATOR may, at its discretion, pay supplemental invoices for any month for which the provisional amount specified above has not been fully paid.~~

~~—— 1. In support of the monthly invoice, CONTRACTOR shall submit an Expenditure and Revenue Report as specified in the Reports Paragraph of this Exhibit A to the Contract. ADMINISTRATOR shall use the Expenditure and Revenue Report to determine payment to CONTRACTOR as specified in Subparagraphs A.2. and A.3., below.~~

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

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

1 the year-to-date actual cost incurred by CONTRACTOR.

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

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

10 ~~— D. ADMINISTRATOR may withhold or delay any payment if CONTRACTOR fails to comply~~
 11 ~~with any provision of the Contract.~~

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

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

18 IV. REPORTS

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

21 ~~— B. FISCAL~~

22 ~~— 1. CONTRACTOR shall submit monthly Expenditure and Revenue Reports to~~
 23 ~~ADMINISTRATOR. These reports shall be on a form acceptable to, or provided by,~~
 24 ~~ADMINISTRATOR and shall report actual costs and revenues for CONTRACTOR's program described~~
 25 ~~in the Services Paragraph of this Exhibit A to the Contract. Such reports shall also include actual~~
 26 ~~productivity as defined by ADMINISTRATOR. The reports shall be received by ADMINISTRATOR~~
 27 ~~no later than the twentieth (20th) calendar day following the end of the month being reported.~~
 28 ~~CONTRACTOR must request in writing any extensions to the due date of the monthly required reports.~~
 29 ~~If an extension is approved by ADMINISTRATOR, the total extension shall not exceed more than five~~
 30 ~~(5) calendar days.~~

31 ~~— 2. CONTRACTOR shall submit monthly Year End Projection Reports to~~
 32 ~~ADMINISTRATOR. These reports shall be on a form acceptable to, or provided by,~~
 33 ~~ADMINISTRATOR and shall report anticipated year end actual costs and revenues for~~
 34 ~~CONTRACTOR's program described in the Services Paragraph of this Exhibit A to the Contract. Such~~
 35 ~~reports shall include actual monthly costs and revenue to date and anticipated monthly costs and revenue~~
 36 ~~to the end of the fiscal year. Year End Projection Reports shall be submitted in conjunction with the~~
 37 ~~Monthly Expenditure and Revenue Reports.~~

~~C. STAFFING~~

~~1. CONTRACTOR shall submit monthly Staffing Reports to ADMINISTRATOR. These reports shall be on a form acceptable to, or provided by, ADMINISTRATOR and shall, at a minimum, report the actual FTEs of the positions stipulated in the Staffing Paragraph of this Exhibit A to the Contract and shall include the employees' names, licensure status, monthly salary, hire and/or termination date and any other pertinent information as may be required by ADMINISTRATOR. The reports shall be received by ADMINISTRATOR no later than twenty (20) calendar days following the end of the month being reported. If an extension is approved by ADMINISTRATOR, the total extension shall not exceed more than five (5) calendar days.~~

~~D. PROGRAMMATIC~~

~~1. CONTRACTOR shall submit programmatic reports to ADMINISTRATOR, as indicated below, on a form acceptable to or provided by ADMINISTRATOR, which shall be received by ADMINISTRATOR no later than twenty (20) calendar days following the end of the month being reported unless otherwise specified. Mental Health Programmatic reports shall include, but not be limited to, the following:~~

~~a. A description of CONTRACTOR's progress in implementing the provisions of this Contract,~~

~~b. Report of placement and movement of Clients along the continuum of services,~~

~~c. Voluntary and involuntary hospitalizations, incarcerations, and special incidences,~~

~~d. Vocational programs, educational programs, including new job placements, Clients in continuing employment,~~

~~e. Reporting of the numbers of Clients based upon their level of function in the MORS Level system,~~

~~f. Chart compliance by percentage of compliance with all Medi-Cal records, in addition to any pertinent facts or interim findings, staff changes, status of Licenses and/or Certifications, changes in population served and reasons for any such changes, and~~

~~g. CONTRACTOR statement whether the program is or is not progressing satisfactorily in achieving all the terms of this Contract, and if not, shall specify what steps will be taken to achieve satisfactory progress.~~

~~2. CONTRACTOR shall document all adverse incidents affecting the physical and/or emotional welfare of Clients, including but not limited to serious physical harm to self or others, serious destruction of property, developments, etc., and which may raise liability issues with COUNTY. CONTRACTOR shall notify COUNTY within twenty four (24) hours of any such serious adverse incident and follow COUNTY guidelines regarding submitting incident reports.~~

~~3. CONTRACTOR shall advise ADMINISTRATOR of any special incidents, conditions, or issues that adversely affect the quality or accessibility of Client-related services provided by, or under contract with, COUNTY as identified in the HCA P&Ps.~~

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

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

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

V. SERVICES

~~A. FACILITY CONTRACTOR shall maintain a facility which meets the minimum requirements for Medi-Cal and Medicare eligibility for the provision of Assisted Outpatient Treatment FSP Services for exclusive use by COUNTY at the following location, or any other location approved, in advance, in writing, by ADMINISTRATOR:~~

~~615 Civic Center Drive West
Santa Ana, CA 92701~~

~~1. The facility shall include space to support the services identified within the Contract.~~

~~2. The facility shall be open from Monday through Friday, 8:00 a.m. until at least 5:00 p.m., in adherence with COUNTY's regularly scheduled service hours; however, CONTRACTOR shall modify these hours of operation to provide services in the evenings and/or weekends as needed in order to meet Clients' needs. Additionally, CONTRACTOR agrees to provide access by phone or in person to its Clients twenty four (24) hours per day, seven (7) days per week.~~

~~3. CONTRACTOR shall maintain a holiday schedule consistent with COUNTY's holiday schedule, unless otherwise approved, in advance and in writing, by ADMINISTRATOR.~~

~~4. CONTRACTOR shall obtain a NPI: The standard unique health identifier adopted by the Secretary of HHS under HIPAA of 1996 for health care providers.~~

~~B. INDIVIDUALS TO BE SERVED AOT FSP services shall be provided to adults, ages 18 and older, who reside in Orange County, have a serious mental illness, and a history of lack of compliance with treatment for his or her mental illness; whose condition is substantially deteriorating and who has been offered an opportunity to participate in the development of their treatment plan for services and continues to fail to engage; and at least one of the following is true:~~

~~1. The individual's mental illness has, at least twice within the last thirty six (36) months,~~

~~been a substantial factor in necessitating hospitalization or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility; or~~

~~2. The individual's mental illness has resulted in one or more acts of serious and violent behavior toward themselves or another, or has threatened, or attempted to cause serious physical harm to themselves or another within the last forty-eight (48) months. All individuals served must meet CCR Title IX medical necessity criteria. The target population shall be comprised of either:~~

~~a. Individuals who have been court ordered by the Orange County Superior Court judge to participate in the AOT Program, or~~

~~b. Individuals who have been diagnosed with a serious mental illness that meet criteria for AOT and have made the decision to voluntarily participate in treatment. This population is to be referred to the AOT FSP by COUNTY's AOT Assessment and Linkage Team.~~

~~C. PROGRAM PHILOSOPHIES CONTRACTOR's program shall be guided by the following values, philosophies, and approaches to recovery in the services provided:~~

~~1. Ensuring Cultural Considerations CONTRACTOR shall tailor services to the Clients' worldview and belief systems and to enhance the therapeutic relationship, intervention, and outcome. Consideration to how Clients identify in terms of race, ethnicity, sexual orientation, and spirituality shall be considered when developing and providing services.~~

~~2. Being Fully Served, Ensuring Integrated Experience To begin to understand and apply FSP practices, one must first understand the concepts inherent in the carefully selected phrase Full Service Partnership, including the idea of what it means to "be fully served" and providing an integrated service experience within the FSP. Individuals who have been diagnosed with a serious mental illness shall receive mental health services through an individual service plan where both the Client and their PSC agree that they are getting the services they want and need, in order to achieve their wellness and recovery goals.~~

~~3. Tailoring Service Coordination to Client Stage of Recovery CONTRACTOR shall identify and define levels of service and supports that create a continuum of services based on the Clients' stages of Recovery to ensure that Clients are "fully served."~~

~~4. Outreach and Engagement CONTRACTOR shall form the foundation of a partnership by successfully bringing individuals into the FSP as well as retaining Clients in the FSP while they need services.~~

~~5. Welcoming Environments CONTRACTOR shall convey a sense of welcoming to Clients that reflects the belief in recovery. The healing and recovery process will not truly begin until a Client feels welcomed and accepted into the services and supports provided by the FSP team.~~

~~6. Stage of Readiness for Change CONTRACTOR shall focus on Client's Stage of Readiness for Change toward changing behaviors and have concrete interventions and supports to support the Client's move towards recovery in that specific area of their life.~~

~~7. Client or Person Centered Treatment Planning and Service Delivery CONTRACTOR~~

1 shall promote a foundation for healing through the relationship between the Client and PSC or FSP team
2 through the use of Client or Person-Centered Treatment Planning and Service Delivery.

3 ~~8. Fostering Independence, Self-Determination and Transitioning to Community Supports~~
4 ~~CONTRACTOR shall assist Clients in becoming more engaged in their recovery to reduce reliance on~~
5 ~~the mental health system, as mental health interventions become less necessary.~~

6 ~~9. Community Capacity Building~~ CONTRACTOR shall assist Clients in managing and
7 living productive lives in their community; to reduce unnecessary Client reliance on the mental health
8 system; and to increase capacity within the system to serve new Clients.

9 ~~10. Use of Strength-Based Approach~~ CONTRACTOR shall help Clients identify and use
10 their individual strengths in treatment as an effective way to help Clients achieve their goals and believe
11 that recovery is possible.

12 ~~11. Client Self Management~~ CONTRACTOR shall assist Clients in learning to assume more
13 responsibility for their overall care by becoming more involved in decision-making and successfully
14 managing their symptoms.

15 ~~12. Integrated Services for Clients with Co-Occurring Substance Use and Mental Health~~
16 ~~Disorders~~ CONTRACTOR shall integrate substance use and mental health services into one treatment
17 plan as it is critical to the recovery process for both disorders. Integrated Dual Disorder Treatment
18 model is an approach that helps people recover by offering treatments that combine or integrate mental
19 health and substance use interventions at the level of the clinical encounter. Ultimately, the goal of
20 Integrated Dual Disorder Treatment is to help people manage both their mental illness and substance use
21 disorders so that they can pursue their own meaningful life goals.

22 ~~13. Role of Medication and Therapy~~ CONTRACTOR shall understand the potential role and
23 value of therapy, counseling, and medication as treatment modalities within a FSP. CONTRACTOR
24 shall identify strategies for FSP teams to work collaboratively with Clients to find the best approach to
25 support their success.

26 ~~14. Reconnecting with Family~~ CONTRACTOR shall facilitate the recovery process and add
27 an element of social support to the Client and include the family in services when appropriate.

28 ~~15. Increasing Social Supports and Community Integration~~ CONTRACTOR shall work with
29 Clients to shift Clients' support from weighing heavily on the mental health system to weighing more
30 heavily in the community. CONTRACTOR shall focus on increasing Clients' social network and
31 increasing their opportunities to meet new people as Clients' recoveries progress.

32 ~~16. Education, Employment and Volunteering~~ CONTRACTOR shall work with Clients to
33 engage in activities that are meaningful, create self-sufficiency, and give back to the community.

34 ~~17. Reducing Involvement in the Criminal Justice System~~ CONTRACTOR shall minimize
35 Client contact with law enforcement and the judicial system.

36 ~~18. Linkage to and Coordination of Health Care~~ CONTRACTOR shall ensure all FSP Clients
37 have access to needed comprehensive health care. Access to these services is particularly critical since

~~Clients with mental health issues often have undiagnosed and untreated medical conditions that result in chronic medical conditions and premature death.~~

~~19. Coordination of Inpatient Care/Incarceration—CONTRACTOR shall ensure coordination of services when FSP Clients are in a psychiatric hospital or incarcerated and plan for a successful discharge.~~

~~20. Team Service Approach and Meeting Structure—CONTRACTOR shall utilize the FSP team as a whole in treatment and service planning and develop a structure for team meetings to discuss cases and coordinate care.~~

~~21. Use of Peer Staff—CONTRACTOR shall identify meaningful roles for peer employees as part of a FSP team. Employing peers is transformational and not only helps individuals give back to the system that helped them recover, but also, if done with care, will reduce the stigma associated with mental illness. CONTRACTOR shall maintain the ability to develop and utilize peers who are knowledgeable about the needs of Clients.~~

~~22. Creating an Array of Readily Available Housing Options—CONTRACTOR shall create an array of readily available housing options and provide safe and affordable housing for each Client.~~

~~23. Graduation—Graduation is the expected outcome for all Clients and is not only crucial to the Clients as validation of their accomplishments and belief in their potential, but is also crucial for capacity and flow through our system. CONTRACTOR shall work with Clients and provide them with support needed to develop the confidence to move to lower levels of care or full community integration.~~

~~24. Evidence-Based Practices—CONTRACTOR shall focus on using EBPs whenever possible, including, but not limited to, the Assertive Community Treatment model, which embraces a “whatever it takes” approach to remove barriers for individuals to access the support needed to fully integrate into the community. CONTRACTOR shall have staff with the needed expertise to collect and analyze data and outcomes in line with established fidelity measures. This staff shall ensure desired outcomes are achieved and routinely tested for accuracy.~~

~~25. CONTRACTOR shall conduct ongoing evaluation of practices and outcomes to ensure that all components of MHSA FSP philosophy, as outlined above, are successfully implemented and achieving desired results. These results shall be made available to COUNTY and the general public via: the MHSA website, quarterly outcome focused management meetings and public forums upon request and approval of COUNTY. CONTRACTOR shall have the needed expertise to collect and analyze data and outcomes in line with established fidelity measures. This expertise shall ensure desired outcomes are achieved and routinely tested for accuracy.~~

~~D. PROGRAM SERVICES—CONTRACTOR’s program shall include, but not be limited to the following services under the provision of Assisted Outpatient Treatment FSP Services:~~

~~1. Assessment Services: Evaluate the current status of a beneficiary’s mental, emotional, or behavioral health. It includes a Mental Status Examination, analysis of clinical history, analysis of relevant cultural issues and history, diagnosis and may include testing procedures. CONTRACTOR~~

1 ~~shall have qualified staff to provide assessment services.~~

2 ~~2. Crisis Intervention and Management Services: Emergency response services enable the~~
 3 ~~Client to cope with the crisis while maintaining his/her functioning status within the community and are~~
 4 ~~aimed at preventing further decompensation. This may include assessment for involuntary~~
 5 ~~hospitalization. This service must be available twenty four (24) hours per day, seven (7) days per week.~~

6 ~~3. Medication Support Services: Evaluate need for individual medication, clinical~~
 7 ~~effectiveness, side effects of medication and obtaining informed consent.~~

8 ~~a. Medication education shall be provided including discussing risks, benefits and~~
 9 ~~alternatives with the Clients and significant support persons when indicated.~~

10 ~~b. Plan development related to decreasing impairments, delivering of services, evaluating~~
 11 ~~the status of the Client's community functions, and prescribing, dispensing and administering~~
 12 ~~psychotropic medications shall be discussed with the Client and documented.~~

13 ~~c. Medication support services may occur in the office or in the field.~~

14 ~~4. Co-Occurring Services: Follow a program that uses a stage wise treatment model that is~~
 15 ~~non-confrontational, follows behavioral principles, considers interactions between mental illness and~~
 16 ~~substance use and has gradual expectations of abstinence. Mental health and substance use research has~~
 17 ~~strongly indicated that to recover fully, a Client with a co-occurring disorder needs treatment for both~~
 18 ~~diagnoses, as focusing on one does not ensure the other will go away. Co-occurring services integrate~~
 19 ~~assistance for each condition, helping people recover from both in one setting at the same time. All~~
 20 ~~treatment team members shall be co-occurring capable. When appropriate, the American Society of~~
 21 ~~Addiction Medicine (ASAM) criteria shall be utilized to identify an appropriate level of co-occurring~~
 22 ~~treatment indicated. Individuals with co-occurring substance use issues shall be provided a range of co-~~
 23 ~~occurring services including linkage to medical detox, social detox, residential treatment, etc.~~

24 ~~5. Vocational and Educational Services: As part of the continuum of Recovery it is important~~
 25 ~~that Clients develop an "identity" other than that of a mental health Client; towards this end Clients shall~~
 26 ~~be supported in exploring a full range of opportunities, including but not limited to, volunteer~~
 27 ~~opportunities, part time/full time work, supported employment, competitive employment and~~
 28 ~~educational opportunities. CONTRACTOR's staff shall have a dedicated Vocational/Educational~~
 29 ~~Specialist to assist enrolled Clients with these services.~~

30 ~~a. Educational Services: CONTRACTOR shall engage Clients in activities to support~~
 31 ~~them in achieving the highest educational functioning possible. Services and activities may include~~
 32 ~~General Education Diploma preparation, and linkage to colleges, vocational training and adult schools.~~

33 ~~b. Pre-Vocational/Vocational Services: CONTRACTOR shall engage Clients in pre-~~
 34 ~~vocational/vocational activities that assist them in determining their skills, interests, values, and realistic~~
 35 ~~career goals, and services that help them in developing work skills, gaining work experience, and~~
 36 ~~finding employment. Activities and services may include, but not be limited to the following areas:~~
 37 ~~career exploration, identification of personal strengths, values, and talents, resume writing, job seeking~~

skills, interviewing skills, job coaching, job placement, job retention, and symptom management in the workplace. The intent of these activities and services is to actively involve Clients in identifying and developing their own positive work identities; building self-confidence and vocational skills; and ultimately obtaining and maintaining employment. CONTRACTOR shall assist Clients to find employment settings that match the Clients' interests, abilities, aptitudes, strengths and individualized goals, and provide supportive services and supports to ensure vocational success.

~~c. Job Coaching/Developing: The Employment Specialist shall assist Clients in the exploration of various career options as well as actively strategizing collaborative relationships in the private and public sector to create job opportunities for Clients. This position shall work closely with management staff and the Data Analyst to explore and implement evidence-based best practices in this area.~~

~~6. Family and Peer Support Services:~~

~~a. Connection to community, family, and friends is a critical element to Recovery and shall be an integral part of CONTRACTOR's services. PSC shall work to include Client's natural support system in treatment and services; and peers shall be hired as Peer Recovery Specialists to assist Clients in their various stages of Recovery. CONTRACTOR shall establish a Peer Advisory Committee, as appropriate, to provide Client input into program development and quality improvement.~~

~~b. Supportive Socialization and Meaningful Community roles. CONTRACTOR shall provide client-centered services that shall support the Clients in their recovery, self-sufficiency, and development of meaningful life activities and relationships.~~

~~c. Family Support Services. CONTRACTOR shall create a culture that embraces families in the recovery process. Family therapy is found to be an integral part of the success of this population's recovery. The licensed Family Therapist/Clinician shall have two (2) years of experience working with family theory and practice. The Therapist/Clinician shall continuously evaluate the needs of the family members and provide services accordingly. These services shall include but not be limited to; multi-family groups, psycho-educational groups, and family therapy. Some of the components of family treatment should include, but not be limited to: communication, family dynamics, and resource development.~~

~~7. Transportation Services: CONTRACTOR shall provide transportation services which may include, but not be limited to: provision of bus tickets and taxi vouchers; transportation to appointments deemed necessary for Client care; transportation for emergency psychiatric evaluation or treatment; or transportation for the provision of any case management services. Transportation may be conducted by the driver or any PSC in the case that the Client is not taking public transportation. CONTRACTOR shall possess the ability to provide or arrange for transportation of Clients to planned community activities or events. Clients shall be encouraged to utilize public transportation, carpools, or other means of transportation whenever possible. CONTRACTOR shall provide transportation to any treatment or court-related appointments deemed necessary for the Client care.~~

~~8. Money Management/Representative Payee Support Services: CONTRACTOR shall designate a bonded Representative Payee to provide money management services to those Clients who are not able to manage their finances independently. These Clients include those that have funding, but are not able to or willing to meet their basic needs without assistance. Money management shall also include individual and/or group education regarding personal budgeting.~~

~~9. On call Services: CONTRACTOR shall provide on call services. CONTRACTOR staff must be available twenty four (24) hours per day, seven (7) days per week for intensive case management and crisis intervention for enrolled Clients. The on-call staff must be able to respond in person in a timely manner when indicated. CONTRACTOR shall ensure that all Clients are provided with the on-call phone number and know how to access the on-call services as needed.~~

~~10. Linkage to Financial Benefits/Entitlements: CONTRACTOR shall employ a Benefits Specialist to assist Clients in accessing financial benefits and/or entitlements. The Benefits Specialist shall be knowledgeable of entitlements, such as SSI/SSDI, Medi-Cal, CalFresh, and General Relief, and shall work with Clients to gather records, complete the application process, and secure benefits/entitlements as quickly as possible.~~

~~11. Housing Services: CONTRACTOR shall provide a continuum of housing support to the Clients. This service category includes a comprehensive needs assessment, linkage and placement in a safe living arrangement, and ongoing support to sustain an appropriate level of housing. CONTRACTOR shall prioritize obtaining appropriate housing and providing supportive services for individuals immediately upon enrollment, and throughout the recovery process. CONTRACTOR shall arrange to accompany Clients to their housing placements to ensure that access is smooth and that the Client is secure in their placement and equipped with basic essentials, as well as to provide a warm handoff to the housing provider. CONTRACTOR shall use a Housing First model, an approach that is centered on the belief that individuals can achieve stability in permanent housing directly from homelessness and that stable housing is the foundation for pursuing other health and life goals; and services are oriented to help individuals obtain permanent housing as quickly and with as few intermediate steps as possible. CONTRACTOR shall provide supports to help Clients engage in needed services and identify and address housing issues in order to achieve and maintain housing stability. CONTRACTOR shall develop working relationships and collaborations with COUNTY's Housing & Supportive Services, local housing authorities, community housing providers, property owners, property management staff, etc. to ensure that Clients have access to an array of readily available housing options, facilitate successful transition and placement, and maximize the Clients' ability to live independently in the community. CONTRACTOR shall train staff to utilize best practices that support clients' transition from homelessness to housing. CONTRACTOR's staff shall include a Housing Specialist and, if needed, a Supportive Housing PSC to provide housing services to all enrolled Clients. Housing options shall include, but not be limited to:~~

~~a. Emergency Housing: Immediate shelter for critical access for Clients who are homeless~~

~~or have no other immediate housing options available. Emergency housing is a time-limited event and shall only be utilized until a more suitable housing arrangement can be secured.~~

~~_____ b. Motel Housing: For individuals who may be unwilling or are inappropriate for a shelter, or when no shelter is available, motel housing may be utilized. Motel housing is time limited in nature and shall only be utilized as a last resort until a more appropriate housing arrangement can be secured. Pre-purchase of motel rooms shall be in accordance with CONTRACTOR's P&P, as identified in the Responsibilities Paragraph of this Exhibit A.~~

~~_____ c. Interim Housing: For individuals who may benefit from an intermediate step between shelter and permanent housing. Interim housing provides structures and programming in the context of housing such as Board and Care or Room and Board. CONTRACTOR may look into housing options such as master leasing.~~

~~_____ d. Permanent Housing: Obtaining permanent housing is an overarching goal for all FSP Clients. Permanent housing refers to housing where tenants have leases that confer the full rights, responsibilities and legal protections under housing laws; and includes, but is not limited to, utilization of Continuum of Care Vouchers and living independently in homes/apartments and County based housing projects.~~

~~_____ e. Residential Substance Use Treatment and Sober Living Homes as a housing option shall be available when appropriate to provide the Clients with the highest probability of success towards Recovery.~~

~~_____ 12. Integration and Linkage to Primary Care: CONTRACTOR shall work to provide every Client with a Nursing Assessment, and linkage to a Primary Care Provider to meet the ongoing medical needs of the Client. CONTRACTOR shall routinely coordinate care planning and treatment with the primary care physician through obtaining records and consultation. CONTRACTOR shall provide transportation to the Primary Care Provider when indicated.~~

~~_____ 13. Group Services: CONTRACTOR shall offer a variety of groups based on Client interest and need, and may include, but not be limited to: Men's and Women's Groups, Relapse Prevention, Recovery and Wellness, Life Skills, Coping Skills, etc.~~

~~_____ 14. Meaningful Community Roles: CONTRACTOR shall assist each Client to identify some meaningful roles in his/her life that are separate from the mental illness. Clients need to see themselves in "normal" roles such as employee, son, mother, and neighbor to successfully integrate into the community. CONTRACTOR shall work with each Client to join the larger community and interact with people who are unrelated to their mental illness.~~

~~_____ 15. Intensive Case Management Services: CONTRACTOR shall provide intensive case management services which shall include a smaller caseload size, a team approach, an emphasis on outreach and engagement, and an assertive approach to maintaining frequent contact with Clients. Daily contact is often indicated during the initial enrollment and engagement period.~~

~~_____ 16. Rehabilitation Services and Therapy: CONTRACTOR shall provide rehabilitation services~~

to assist Clients to improve, maintain, or restore their functional skills such as daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, support resources, and/or medication education. Rehabilitation and therapy may be provided individually, in a group, or with family members.

~~17. Trauma Informed Care: CONTRACTOR shall incorporate a trauma-informed care approach in the delivery of behavioral health services.~~

~~a. A trauma-informed approach includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations; it involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events; and it involves four key elements:~~

~~1) Realizes the widespread impact of trauma and understands potential paths for recovery;~~

~~2) Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;~~

~~3) Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and~~

~~4) Seeks to actively resist re-traumatization.~~

~~b. Trauma-informed care refers to a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and individuals served, and creates opportunities for individuals served to rebuild a sense of control and empowerment. Trauma-informed care model is built on the following core values and principles:~~

~~1) Safe, calm and secure environment with supportive care~~

~~2) System wide understanding of trauma prevalence, impact, and trauma-informed care~~

~~3) Cultural competence~~

~~4) Consumer voice, choice and self-advocacy~~

~~5) Recovery, client-driven and trauma-specific services~~

~~6) Healing, hopeful, honest and trusting relationships~~

~~c. CONTRACTOR shall plan for and employ strategies that reinforce a trauma-informed culture. This includes focusing on organizational activities that foster the development of a trauma-informed workforce, including recruiting, hiring, and retaining trauma-informed staff; providing training on evidence-based and emerging trauma-informed best practices; developing competencies specific to trauma-informed care; addressing ethical considerations; providing trauma-informed supervision; and preventing and treating secondary trauma.~~

~~E. PROGRAM SPECIFIC SERVICES: Assisted Outpatient Treatment~~

~~1. CONTRACTOR shall coordinate Client's needs and services in accordance with the FSP~~

philosophies and “Whatever It Takes” model and Laura’s Law by ensuring that services ordered by the court are provided as required and in a timely manner.

2. ~~CONTRACTOR shall work in a collaborative nature and create an environment that shall involve all collaborative partners, such as but not limited to, Court Judge, County Counsel, Public Defender’s Office and COUNTY’s AOT Assessment and Linkage Team. Examples of this collaboration include responding promptly, conveying accurate information, and maintaining opportunities to consult about cases.~~

3. ~~CONTRACTOR’s administrator, or designee, shall attend collaborative team meetings every week with ADMINISTRATOR, County Counsel, and Public Defender. CONTRACTOR shall be prepared with a write up of each Client being presented to the team. Each Client shall be discussed to determine the best course of treatment and needs for court follow through. Meetings shall be held to discuss coordinated supports, problem solve, and develop engagement strategies, treatment maintenance, and graduation strategies.~~

4. ~~CONTRACTOR shall work with Clients to remove any/all barriers to attend court hearings. This might include but is not limited to providing transportation, working with family members, individual counseling, or providing support by attending court with the member.~~

5. ~~ADMINISTRATOR’s AOT Assessment and Linkage Team shall support engagement, conduct eligibility determination, and linkage to CONTRACTOR.~~

6. ~~CONTRACTOR shall coordinate engagement services and placement of Clients into the FSP when Clients are identified and ready to be linked by the Court or COUNTY’s AOT Assessment and Linkage Team.~~

7. ~~ADMINISTRATOR shall have monthly management meetings with CONTRACTOR who shall report on program development, resources, housing, barriers and budgets.~~

8. ~~CONTRACTOR shall receive referrals from the AOT Assessment and Linkage team and shall immediately begin engagement process with the Client.~~

9. ~~CONTRACTOR shall coordinate with COUNTY, other providers, and community resources.~~

10. ~~CONTRACTOR shall provide culturally sensitive services in all threshold languages. CONTRACTOR shall work with COUNTY or other interpreters for other languages as needed.~~

F. ~~Discharge of Clients from the program shall be determined by the Clients’ movement along the recovery continuum and shall be a coordinated effort between ADMINISTRATOR and CONTRACTOR.~~

G. ~~CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY Clients without obtaining prior written authorization from ADMINISTRATOR.~~

H. ~~CONTRACTOR shall not conduct any proselytizing activities, regardless of funding sources, with respect to any individual(s) who have been referred to CONTRACTOR by COUNTY under the~~

~~terms of the Contract. Further, CONTRACTOR agrees that the funds provided hereunder shall not be used to promote, directly or indirectly, any religion, religious creed or cult, denomination or sectarian institution, or religious belief.~~

~~— I. CONTRACTOR shall have a commitment to meeting the required response times for hospitals (twenty-four [24] hour response time), and other COUNTY institutions, e.g. jails or clinics (forty-eight [48] hours). CONTRACTOR shall collaborate with these institutions to coordinate services and provide continuity of care.~~

~~— J. CONTRACTOR shall have an identified individual who shall:~~

~~—— 1. Complete one hundred percent (100%) chart review of Client charts regarding clinical documentation and ensure all charts are in compliance with medical necessity and Medi-Cal chart standards;~~

~~—— 2. Provide clinical support and training to CONTRACTOR staff on chart documentation and treatment plans;~~

~~—— 3. Become a certified chart reviewer by ADMINISTRATOR's Authority and Quality Improvement Services (AQIS) unit within six months from the start of the Contract;~~

~~—— 4. Oversee all aspects of the clinical services of the recovery program;~~

~~—— 5. Coordinate with in-house clinicians, medical director and/or nurse regarding Client treatment issues, professional consultations, or medication evaluations;~~

~~—— 6. Review and approve all quarterly logs submitted to ADMINISTRATOR, i.e., medication monitoring, second opinion and request for change of CONTRACTOR; and~~

~~—— 7. Participate in program development and discuss with other staff regarding difficult cases and psychiatric emergencies.~~

~~— K. CONTRACTOR shall conduct Supervisory Reviews at a minimum of twice per week in accordance with procedures developed by ADMINISTRATOR. CONTRACTOR shall ensure that all chart documentation complies with all federal, state and local guidelines and standards. CONTRACTOR shall ensure that all chart documentation is completed within the appropriate timelines.~~

~~— L. CONTRACTOR shall input all IRIS data following ADMINISTRATOR's P&Ps. All statistical data used to monitor CONTRACTOR shall be compiled using only IRIS reports, if available, and if applicable.~~

~~— M. CONTRACTOR shall review Client charts ensuring compliance with ADMINISTRATOR's P&Ps and Medi-Cal documentation requirements.~~

~~— N. CONTRACTOR shall ensure compliance with workload standards and productivity.~~

~~— O. CONTRACTOR shall review and approve all admissions, transfers, discharges from the program and extended stays in the program.~~

~~— P. CONTRACTOR shall submit corrective action plans upon request.~~

~~— Q. CONTRACTOR shall comply with ADMINISTRATOR's guidelines and procedures.~~

~~— R. CONTRACTOR shall provide a written copy of all assessments completed on Clients referred~~

1 ~~for admission.~~

2 ~~— S. CONTRACTOR shall utilize COUNTY PBM to supply medications for unfunded Clients.~~

3 ~~— T. CONTRACTOR shall have active participation in State and Regional MHSA forums and~~
 4 ~~activities.~~

5 ~~— U. CONTRACTOR shall have ongoing collaboration with the Adult and Older Adult Performance~~
 6 ~~Outcomes and Data Office on MHSA countywide projects, as well as individual performance outcome~~
 7 ~~measures.~~

8 ~~— V. CONTRACTOR shall provide the NPP for COUNTY, as the MHP, at the time of the first~~
 9 ~~service provided under the Contract to individuals who are covered by Medi-Cal and have not~~
 10 ~~previously received services at a COUNTY operated clinic. CONTRACTOR shall also provide, upon~~
 11 ~~request, the NPP for COUNTY, as the MHP, to any individual who received services under the~~
 12 ~~Contract.~~

13 ~~— W. CONTRACTOR shall attend meetings as requested by COUNTY including but not limited to:~~

14 ~~—— 1. Case conferences, or other meetings, as requested by ADMINISTRATOR to address any~~
 15 ~~aspect of clinical care.~~

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

20 ~~—— 3. Collaborative meetings to address various aspects of Client care including but not limited~~
 21 ~~to: housing specialist meetings, vocational/educational specialist meetings, data meetings, etc.; and~~

22 ~~—— 4. Weekly staffing meetings with the collaborative team to discuss all issues pertaining to the~~
 23 ~~court process, including but not limited to: court orders, treatment compliance, interventions, etc.~~

24 ~~— X. CONTRACTOR shall develop all requested and required program specific P&Ps, and provide~~
 25 ~~to ADMINISTRATOR for review, input, and approval prior to training staff on said P&Ps and prior to~~
 26 ~~accepting any Client admissions to the program. All P&Ps and program guidelines shall be reviewed bi-~~
 27 ~~annually at a minimum for updates. Policies shall include, but not be limited to, the following:~~

28 ~~—— 1. Admission Criteria and Admission Procedure~~

29 ~~—— 2. Assessments and Individual Service Plans~~

30 ~~—— 3. Crisis Intervention/Evaluation for Involuntary Holds~~

31 ~~—— 4. Handling Non-Compliant Clients/Unplanned Discharges~~

32 ~~—— 5. Medication Management and Medication Monitoring~~

33 ~~—— 6. Community Integration/Case Management/Discharge Planning~~

34 ~~—— 7. Documentation Standards~~

35 ~~—— 8. Quality Management/Performance Outcomes~~

36 ~~—— 9. Personnel/In-service Training~~

37 ~~—— 10. Unusual Occurrence Reporting~~

~~11. Code of Conduct/Compliance/HIPAA standards and Compliance~~

~~12. Mandated Reporting~~

~~Y. CONTRACTOR shall provide initial and on-going training and staff development that includes, but is not limited to, the following:~~

~~1. Orientation to the program's goals and P&Ps, and FSP program philosophies~~

~~2. Training on subjects as required by State regulations~~

~~3. Recovery philosophy, client empowerment and strength-based services~~

~~4. Crisis intervention and de-escalation~~

~~5. Co-occurring mental illness and substance use disorder~~

~~6. Motivational interviewing~~

~~7. EBPs that support recovery~~

~~8. Outreach and engagement~~

~~9. Trauma-informed care~~

~~10. Professional Boundaries~~

~~11. Cultural Competency~~

~~12. Critical Time Intervention~~

~~13. Housing First~~

~~14. Other clinical staff training~~

~~Z. CONTRACTOR shall provide effective Administrative management of the budget, staffing, recording, and reporting portion of the Contract with COUNTY, including but not limited to the following. If administrative responsibilities are delegated to subcontractors, CONTRACTOR must ensure that any subcontractor(s) possesses the qualifications and capacity to perform all delegated responsibilities.~~

~~1. Designate the responsible position(s) in your organization for managing the funds allocated to this program;~~

~~2. Maximize the use of the allocated funds;~~

~~3. Ensure timely and accurate reporting of monthly expenditures;~~

~~4. Maintain appropriate staffing levels;~~

~~5. Request budget and/or staffing modifications to the Contract;~~

~~6. Effectively communicate and monitor the program for its success;~~

~~7. Track and report expenditures electronically;~~

~~8. Maintain electronic and telephone communication between key staff and ADMINISTRATOR; and~~

~~9. Act quickly to identify and solve problems.~~

~~AA. CONTRACTOR shall ensure that all chart documentation complies with all federal, state and local guidelines and standards. CONTRACTOR shall ensure that all chart documentation is completed within the appropriate timelines.~~

~~1 AB. CONTRACTOR shall establish a written smoking policy, which shall be reviewed and~~
~~2 approved by ADMINISTRATOR that specifies designated areas as the only areas where smoking is~~
~~3 permitted.~~

~~4 AC. CONTRACTOR shall ensure that generalized good neighbor practices for services and facility~~
~~5 are in place and include:~~

- ~~6 1. Property maintenance and appearance (minimizing trash around facility grounds)~~
- ~~7 2. Noise level guidelines~~
- ~~8 3. Community safety~~
- ~~9 4. Congregation guidelines~~

~~10 AD. PERFORMANCE OUTCOMES CONTRACTOR shall be required to achieve Performance~~
~~11 Outcome Objectives and track and report Performance Outcome Objective statistics in monthly~~
~~12 programmatic reports, as outlined below.~~

~~13 1. CONTRACTOR shall track and monitor the number of Clients receiving services (mental~~
~~14 health services, intensive case management, housing, and vocational) through number of Clients~~
~~15 admitted and engaged into services.~~

~~16 2. CONTRACTOR shall track the number of days Clients are hospitalized and make every~~
~~17 effort to reduce them through services provided in the Contract.~~

~~18 3. CONTRACTOR shall track the number of days Clients are incarcerated and make every~~
~~19 effort to reduce them through services provided in the Contract.~~

~~20 4. CONTRACTOR shall track the number of days Clients are homeless and living on the~~
~~21 streets and make every effort to reduce them through services provided in the Contract.~~

~~22 5. CONTRACTOR shall track the number of Clients gainfully employed and make every~~
~~23 effort to increase them through services provided in the Contract.~~

~~24 6. CONTRACTOR shall track the number of days Clients are receiving emergency~~
~~25 interventions and make every effort to reduce them through services provided in the Contract.~~

~~26 //~~

~~27 7. CONTRACTOR shall track the number of days Clients are arrested and make every effort~~
~~28 to reduce them through services provided in the Contract.~~

~~29 8. CONTRACTOR shall track the number of days Clients are placed in independent living~~
~~30 and make every effort to increase them through services provided in the Contract.~~

~~31 9. Listed above are the outcome measures by which the effectiveness of CONTRACTOR's~~
~~32 program shall be evaluated. It is the responsibility of CONTRACTOR to educate itself with best~~
~~33 practices and those associated with attainment of higher levels of Recovery.~~

~~34 10. CONTRACTOR shall track the number of Clients at various stages on the MORS.~~

~~35 11. CONTRACTOR shall track the number of Clients who reach their employment goals and~~
~~36 are successfully discharged to a lower level of care.~~

~~37 12. CONTRACTOR shall develop, in conjunction with ADMINISTRATOR and Adult~~

~~Performance Outcome Department, additional performance measures/outcomes as needed.~~

~~—AE. CLIENT DEMOGRAPHICS AND OTHER STATISTICS—CONTRACTOR shall track and report on Client demographics and other statistics including but not limited to:~~

~~——1. The total number of Clients referred to and enrolled in services.~~

~~——2. The total number of duplicated and unduplicated Clients served.~~

~~——3. The total number of Clients discharged from services, reason for discharge and the length of stay for each Client in the program.~~

~~—AF. DATA CERTIFICATION—CONTRACTOR shall certify the accuracy of their outcome data.~~

~~Outcome data entered into an approved data collection system that is submitted to COUNTY detailing the PAF, 3M's, KET data and complete Client database must be certified with the submission of their monthly data. Submissions shall be uploaded to an approved Secure File Transfer Protocol site and include four (4) files. The first shall be a copy of current database; the following three shall be XML formatted files for submission to the State DCR.~~

~~——1. DATA—If CONTRACTOR's current database copy cannot be submitted via Microsoft Access file format, the data must be made available in an HCA approved database file type. The data collection system used must be approved by ADMINISTRATOR in order to meet COUNTY reporting needs. CONTRACTOR must also provide a separate file comprised of required data elements that are provided by COUNTY. If CONTRACTOR's system is web-based, CONTRACTOR shall allow ADMINISTRATOR accessibility for monitoring and reporting (access shall allow accessibility to view, run, print, and export Client records/reports).~~

~~——a. CONTRACTOR shall track and report Performance Outcome Measures as required by State, COUNTY, and/or MHSA.~~

~~——b. CONTRACTOR shall collaborate with the Adult Performance Outcome Department (APOD) to complete outcome requests by Administrator for State, COUNTY, and/or MHSA reporting, and to fulfill all data requests as needed by COUNTY's independent evaluator to conduct their independent evaluation to assess overall program effectiveness for COUNTY and/or DHCS reporting.~~

~~——c. CONTRACTOR shall cooperate in data collection as required by ADMINISTRATOR to report on other performance areas including, but not limited to, Client satisfaction, length of stay, and duration of services.~~

~~——2. TRANSFER UTILITY—CONTRACTOR shall ensure that the data collection system has the ability to export data and import data from other data systems used by existing FSP CONTRACTORS to allow for Client transfers. Data must include PAF, 3M's and KET's.~~

~~——a. CONTRACTOR shall coordinate with APOD and the FSP Coordination Office for transfers between FSPs and adhere to COUNTY's transfer guidelines to ensure compliance with MHSA requirements.~~

~~—AG. DATA CERTIFICATION POLICIES AND PROCEDURES AND DATA COLLECTION~~

~~——1. CONTRACTOR shall develop a P&P, or revise the existing P&P, regarding Data~~

~~Certification and submit to ADMINISTRATOR no later than twenty (20) calendar days from the start of the Contract.~~

~~2. ADMINISTRATOR and CONTRACTOR shall finalize and approve the P&P, in writing, no later than thirty (30) calendar days from the start of the Contract. If the Data Certification P&P has not been approved after thirty (30) days from the start of the Contract, the Certification of Accuracy of Data form cannot be submitted to, or accepted by ADMINISTRATOR, and CONTRACTOR may be deemed out of compliance with the terms and conditions of the Contract.~~

~~3. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of the Data Certification P&P. CONTRACTOR shall provide signature confirmation of the Data Certification P&P training for each staff member that utilizes enters, reviews, or analyzes the data.~~

~~4. CONTRACTOR shall have an identified individual who shall:~~

~~a. Review the approved data collection database for accuracy and to ensure that each field is completed;~~

~~b. Develop processes to ensure that all required data forms are completed and updated when appropriate;~~

~~c. Review the approved data collection system reports to identify trends, gaps and quality of care;~~

~~d. Submit monthly approved data collection system reports to ADMINISTRATOR by the tenth (10th) of every month for review and return within two (2) weeks with identified corrections;~~

~~e. Submit quarterly data to ADMINISTRATOR with verification that outcome data is correct;~~

~~f. Ensure monthly evaluation of Clients using MORS and enter the MORS score into approved data collection system. The score rating for each individual member shall be entered under the clinical assessment tools; and~~

~~g. Complete, sign and submit the Data Certification Form to ADMINISTRATOR by the tenth (10th) calendar day of every month.~~

~~AH. ADDITIONAL DATA FOR COURT ORDERED CASES~~

~~1. CONTRACTOR shall track and provide the following data to ADMINISTRATOR for the Department of Health Care Services (DHCS) reporting requirements:~~

~~a. The number of persons served by the program and, of those, the number who are able to maintain housing and the number who maintain contact with the treatment system.~~

~~b. The number of persons in the program with contacts with local law enforcement and the extent to which local and state incarceration of persons in the program has been reduced or avoided.~~

~~c. The number of persons in the program participating in employment services programs, including competitive employment.~~

~~d. The days of hospitalization of persons in the program that have been reduced or avoided.~~

~~e. Adherence to prescribed treatment by persons in the program.~~
~~f. Other indicators of successful engagement, if any, by persons in the program.~~
~~g. Victimization of persons in the program.~~
~~h. Violent behavior of persons in the program.~~
~~i. Substance abuse by persons in the program.~~
~~j. Type, intensity, and frequency of treatment of persons in the program.~~
~~k. Extent to which enforcement mechanisms are used by the program, when applicable.~~
~~l. Social functioning of persons in the program.~~
~~m. Skills in independent living of persons in the program.~~
~~n. Satisfaction with program services both by those receiving them and by their families, when relevant.~~
~~2. For all Clients transferring from AOT FSP's Voluntary Track to the Court Track, CONTRACTOR shall submit a new PAF that includes twelve (12) months data prior to the enrollment date into the Court Track. This is required for DHCS reporting.~~
~~3. For all Clients transferring from other FSP programs to AOT FSP's Court Track, CONTRACTOR shall submit a new PAF that includes twelve (12) months data prior to the enrollment date into the Court Track.~~
~~4. For cases that are transferring from AOT FSP Court Track to Voluntary Track, CONTRACTOR shall track and report to ADMINISTRATOR the reason for the transfer. ADMINISTRATOR shall provide AOT FSP with a list of reasons to report.~~
~~AI. CONTRACTOR shall collaborate with ADMINISTRATOR and as needed, COUNTY's independent program evaluator, to provide data as required for DHCS reporting. The independent evaluator may conduct a process and outcome evaluation of services provided under this Contract. The process evaluation shall determine the extent to which CONTRACTOR services under this Contract are being implemented as intended, whether progress is being made towards program objectives and expectations, and whether services are being provided with fidelity to program models. This may include the degree of success in engaging the target population, Client satisfaction with services, and Client and provider perspectives on successes and challenges. This evaluation shall help to identify barriers and solutions for successful programming. The process evaluation shall primarily utilize qualitative data geared by the evaluator during site visits using a combination of interviews, focus groups, and surveys with Clients and service providers. The outcome evaluation is to determine if the program achieved its goals.~~
~~AJ. CONTRACTOR shall provide appropriate and timely written Notice of Adverse Benefit Determination (NOABD) to notify Medi-Cal Beneficiaries and ADMINISTRATOR when services are denied, reduced, or terminated as specified by State standards. CONTRACTOR shall review these standards to determine the appropriate timeline for disenrollment of services. The NOABD must provide the adverse benefit determination made by CONTRACTOR as well as a clear and concise~~

~~explanation of the reason(s) for the decision within the timeframe specified. CONTRACTOR shall provide appropriate NOABD as determined by State standards. Examples include but are not limited to:~~

~~1. Termination NOABD: If a beneficiary drops out of treatment, is missing, or admitted to an institution where he or she is ineligible for further services (e.g., long term incarceration or hospitalization).~~

~~2. Delivery Systems NOABD: If a beneficiary does not meet medical necessity criteria for specialty mental health services, CONTRACTOR shall provide a Delivery Systems NOABD and offer referrals to the appropriate services.~~

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

VI. STAFFING

~~A. CONTRACTOR shall include bilingual/bicultural services to meet the needs of threshold languages as determined by COUNTY. Whenever possible, bilingual/bicultural staff should be retained. CONTRACTOR shall draw upon cultural strengths and utilize service delivery and assistance in a manner that is trusted by, and familiar to, many of COUNTY's ethnically and culturally diverse populations. Cultural and linguistic appropriateness shall be a continuous focus in the development of the programming, recruitment, and hiring of staff that speak the same language and have the same cultural background of the Clients to be serviced. This inclusion of COUNTY's multiple cultures will assist in maximizing access to services. CONTRACTOR shall provide education and training to staff to address cultural and linguistic needs of population served. Any clinical vacancies occurring at a time when bilingual and bicultural composition of the clinical staffing does not meet the above requirement must be filled with bilingual and bicultural staff unless ADMINISTRATOR consents, in writing, to the filling of those positions with non-bilingual staff. Salary savings resulting from such vacant positions may not be used to cover costs other than salaries and employees benefits unless otherwise authorized in writing, in advance, by ADMINISTRATOR.~~

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

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

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

~~E. CONTRACTOR shall ensure that all staff, including interns and volunteers, are trained and have a clear understanding of all P&Ps. CONTRACTOR shall provide signature confirmation of the P&P training for each staff member and place it in their personnel files.~~

~~F. CONTRACTOR shall ensure that all staff complete COUNTY's Annual Provider Training, Annual Compliance Training, and Annual Cultural Competency Training.~~

~~G. CONTRACTOR shall ensure compliance with ADMINISTRATOR Standards of Care practices, P&Ps, documentation standards and any state and federal regulatory requirements.~~

~~H. COUNTY shall provide, or cause to be provided, training and ongoing consultation to CONTRACTOR's staff to assist CONTRACTOR in ensuring compliance with ADMINISTRATOR Standards of Care practices, P&P's, documentation standards and any state and federal regulatory requirements.~~

~~I. All CONTRACTOR staff must have an initial Department of Justice Live Scan prior to hire, and updated annual criminal checks through the internet, utilizing Megan's Law, Orange County Sheriff's, and Orange County Superior Courts. Staff may be hired temporarily pending Live Scan results as long as all the internet checks have been completed and are acceptable.~~

~~J. CONTRACTOR shall identify staff to receive jail clearance for the purpose of engaging and enrolling Clients into the program as needed.~~

~~K. CONTRACTOR shall, at a minimum, provide the following staffing pattern expressed in FTEs continuously throughout the term of the Contract. One (1) FTE will be equal to an average of forty (40) hours of work per week.~~

PROGRAM	FTE
Regional Director of Operations	0.12
Program Administrator	1.00
Clinical Director	1.00
Benefits Specialist	0.50
Billing Specialist	1.00
Case Manager II	2.00
Clinician - Unlicensed/Licensed	1.00
Data Analysis Specialist	1.00
Education/Employment Specialist	0.50
Housing Specialist	1.00
HR Generalist	0.10
LVN	1.50
Mental Health Rehabilitation Specialist	7.00
Nurse Practitioner	0.50
Office Coordinator I	1.00

1	Peer Recovery Coach	1.00
2	Quality Coordinator/Trainer	1.00
3	Peer Team Lead	1.00
4	Receptionist/Medical Record Technician	1.00
5	Regional IS Business Services Manager	0.07
6	Regional IT Support Analyst	0.05
7	Team Lead Unlicensed/Licensed	1.00
8	Psychiatrist Subcontractor	1.00
9	TOTAL CONTRACT FTEs	25.34

~~L. WORKLOAD STANDARDS~~

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

~~2. CONTRACTOR shall provide an average of one hundred (100) DSHs per month or one thousand two hundred (1,200) DSHs per year per FTE of direct clinician time which shall include Mental Health, Case Management, Crisis Intervention, and Medication Management Services. CONTRACTOR understands and agrees that this is a minimum standard and shall make every effort to exceed this minimum, unless otherwise approved by ADMINISTRATOR.~~

~~3. CONTRACTOR shall provide a minimum of eighteen thousand (18,000) direct service hours for Client related services, with a minimum of one thousand eight hundred (1,800) hours of medication support services and sixteen thousand two hundred (16,200) hours of other mental health, case management and/or crisis intervention services as outlined below. CONTRACTOR understands and agrees that these are minimum requirements and shall make every effort to exceed these minimums. CONTRACTOR shall monitor staff productivity and establish expectations, in consultation with COUNTY, in order to maximize the utilization of services and demonstrate efficient and effective management of program staff and resources.~~

~~4. CONTRACTOR shall maintain an active and ongoing caseload of one hundred (100) Clients throughout the term of the Contract. CONTRACTOR shall ensure a Client to staff ratio of ten (10) to one (1).~~

~~M. CONTRACTOR shall ensure staffing levels and qualifications shall meet the requirements as stated in CCR: Title 9 Rehabilitative and Developmental Services, Division 1.~~

~~N. CONTRACTOR shall recruit, hire, train, and maintain staff who are individuals in recovery. These individuals shall not be currently receiving services directly from CONTRACTOR. Documentation may include, but not be limited to, the following: records attesting to efforts made in recruitment and hiring practices and identification of measures taken to enhance accessibility for potential staff in these categories.~~

~~O. All approved clinical staff who meet qualifications shall be designated by COUNTY to perform evaluations pursuant to Section 5150, WIC.~~

~~P. CONTRACTOR shall provide clinical supervision for all registered/waivered employees,~~

~~interns and volunteers as required by the respective governing licensing board such as BBS. For BBS, a least one unit of supervision is required for the first 10 hours of psychotherapy/counseling in any week; one (1) additional unit of supervision is required for 10+ hours of psychotherapy/counseling in a given week; after required hours have been accrued, staff must continue to receive required supervision until a license is issued. Clinical supervision shall be provided by a qualified Licensed Mental Health Professionals (LMHP) within the same legal entity and be documented for all registered/waivered employees, interns and volunteers.~~

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

~~1. CONTRACTOR shall provide supervision to volunteers as specified in the respective job descriptions or work contracts.~~

~~2. An intern is an individual enrolled in an accredited graduate program accumulating clinically supervised work experience hours as part of field work, internship, or practicum requirements. Acceptable graduate programs include all programs that assist the student in meeting the educational requirements in becoming a LMFT, a LCSW, LPCC or a licensed Clinical Psychologist.~~

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

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

~~S. All HIPAA covered healthcare providers, individuals and organizations must obtain a NPI for use to identify themselves in HIPAA standard transactions. The NPI is assigned for life.~~

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

~~U. TOKENS: ADMINISTRATOR shall provide CONTRACTOR the necessary number of Tokens for appropriate individual staff to access HCA IRIS at no cost to CONTRACTOR.~~

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

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

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

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

~~a. Each staff member who no longer supports the Contract;~~
~~b. Each staff member who no longer requires access to IRIS;~~
~~c. Each staff member who leaves employment of CONTRACTOR;~~
~~d. Token is malfunctioning; or~~
~~e. Termination of this Contract.~~
~~5. ADMINISTRATOR shall issue Tokens for CONTRACTOR's staff members who require access to the IRIS upon initial training or as a replacement for malfunctioning Tokens.~~
~~6. CONTRACTOR shall reimburse COUNTY for Tokens lost, stolen, or damaged through acts of negligence.~~
~~V. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Staffing Paragraph of this Exhibit A to the Contract.~~

EXHIBIT A-1
 TO CONTRACT FOR PROVISION OF
 ASSISTED OUTPATIENT TREATMENT FULL SERVICE PARTNERSHIP SERVICES
 BETWEEN
 COUNTY OF ORANGE
 AND
 TELECARE CORPORATION
 JULY 1, 2021 THROUGH JUNE 30, ~~2024~~ 2026

VII. COMMON TERMS AND DEFINITIONS

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

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

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

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

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

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

intervention that best meets the needs of the Client at this time.

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

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

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

6. CARE means Community Assistance, Recovery, and Empowerment and refers to the CARE Act that was established to provide a compassionate civil court process that focuses counties and local governments to serve those with certain untreated schizophrenia spectrum or other psychotic disorders.

a. Schizophrenia Spectrum and Other Psychotic Disorders includes but is not limited to: Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Other Specified Schizophrenia Spectrum and Other Psychotic Disorder, Unspecified Schizophrenia Spectrum and Other Psychotic Disorder, and Delusional Disorder.

7. CARE Act Support means an individual chosen by the CARE Respondent to provide supportive decision making, attend court appearances, and empower/support the client to express their preferences throughout the CARE process.

8. CARE Petition means a written instrument to an individual requesting the court to conduct an investigation to determine if the individual meets CARE Act criteria and potentially mandate to outpatient level of behavioral health treatment.

9. CARE Respondent means the party required to answer to the CARE Petition.

~~6-10~~. Care Coordinator is a MHS, CSW, or MFT that provides mental health, crisis intervention and case management services to those Clients who seek services in COUNTY operated outpatient programs.

~~7-11~~ Case Management Linkage Brokerage means a process of identification, assessment of need, planning, coordination and linking, monitoring and continuous evaluation of Clients and of available resources and advocacy through a process of casework activities in order to achieve the best possible resolution to individual needs in the most effective way possible. This includes supportive assistance to the Client in the assessment, determination of need and securing of adequate and

appropriate living arrangements.

~~8.~~12. CAT means Crisis Assessment Team and provides twenty-four (24) hour mobile response services to any adult who has a psychiatric emergency. This program assists law enforcement, social service agencies, and families in providing crisis intervention services for the mentally ill. CAT is a multi-disciplinary program that conducts risk assessments, initiates involuntary hospitalizations, and provides case management, linkage, and follow ups for individuals evaluated.

~~9.~~13. Certified Chart Reviewer means an individual that obtains certification by completing all requirements set forth in the Quality Improvement and Program Compliance Reviewer Training Verification Sheet.

~~10.~~14. Client or Member means an individual, referred by COUNTY or enrolled in CONTRACTOR's program for services under the Contract, who experiences severe mental illness.

~~11.~~15. Clinical Director means an individual who meets the minimum requirements set forth in Title 9, CCR, and has at least two (2) years of full-time professional experience working in a mental health setting.

~~12.~~16. Crisis Stabilization Unit (CSU) means a psychiatric crisis stabilization program that operates twenty-four (24) hours a day that serves Orange County residents, aged 18 and older, who are experiencing a psychiatric crisis and need immediate evaluation. Clients 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 Clients for no longer than twenty-three (23) hours and fifty-nine (59) minutes.

~~13.~~17. CSW means Clinical Social Worker and refers to an individual who meets the minimum professional and licensure requirements set forth in Title 9, CCR, Section 625, and has two (2) years of post-master's clinical experience in a mental health setting.

~~14.~~18. Data Collection System means a software designed for collection, tracking and reporting outcomes data for Clients enrolled in the FSP Programs.

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

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

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

1 data is accurate.

2 d. KET means Key Event Tracking and refers to the tracking of a Client's movement or
3 changes in the approved data collection system. A KET must be completed and entered accurately each
4 time CONTRACTOR is reporting a change from previous Client status in certain categories. These
5 categories include: residential status, employment status, education, legal status, emergency intervention
6 episodes, and benefits establishment.

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

10 ~~15~~19. DCR means Data Collection and Reporting and refers to the DHCS developed data
11 collection and reporting system that ensures adequate research and evaluation regarding the
12 effectiveness of services being provided and the achievement of outcome measures. COUNTY is
13 required to report Client information and outcomes of the FSP program directly to the FSP DCR system
14 by XML file submission of the three different type of Client assessments (PAF, KET, and 3M).

15 ~~16~~20. Diagnosis means the definition of the nature of the Client's disorder. When formulating
16 the Diagnosis of Client, CONTRACTOR shall use the diagnostic codes as specified in the most current
17 edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric
18 Association. DSM diagnoses shall be recorded on all IRIS documents, as appropriate.

19 ~~17~~21. DSH means Direct Service Hours and refers to a measure in minutes that a clinician
20 spends providing Client services. DSH credit is obtained for providing mental health, case
21 management, medication support and a crisis intervention service to any Client open in IRIS which
22 includes both billable and non-billable services.

23 ~~18~~22. Engagement means the process by which a trusting relationship between worker and
24 Client(s) is established with the goal to link the individual(s) to the appropriate services. Engagement of
25 Client(s) is the objective of a successful Outreach.

26 ~~19~~23. Face-to-Face means an encounter between Client and provider where they are both
27 physically present.

28 ~~20~~24. FSP means Full Service Partnership and refers to a type of program described by the
29 State in the requirements for COUNTY plan for use of MHSA funds and which includes Clients being
30 full partners in the development and implementation of their treatment plan. A FSP is an evidence-
31 based and strength-based model, with the focus on the individual rather than the disease. Multi-
32 disciplinary teams shall be established including the Client, Psychiatrist, and PSC. Whenever possible,
33 these multi-disciplinary teams shall include a mental health nurse, marriage and family therapist, clinical
34 social worker, peer specialist, and family members. The ideal Client-to-staff ratio for AOT FSP
35 program shall be in the range of ten (10) to one (1), ensuring relationship building and intensive service
36 delivery. Services shall include, but not be limited to, the following:

- 37 1) Crisis Management;

- 2) Housing Services;
- 3) Twenty-four (24)-hours per day, seven (7) days per week intensive case management;
- 4) Community-based Recovery Services;
- 5) Vocational and Educational Services;
- 6) Job Coaching/Developing;
- 7) Client employment;
- 8) Money Management/Representative Payee Support;
- 9) Flexible Fund account for immediate needs;
- 10) Transportation;
- 11) Illness Education and Self-Management;
- 12) Medication Support;
- 13) Co-occurring Services;
- 14) Linkage to Financial Benefits/Entitlements;
- 15) Family and Peer Support; and
- 16) Supportive Socialization and Meaningful Community Roles.

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

b. The FSP shall offer "whatever it takes" to engage seriously mentally ill adults, including those who have co-occurring disorders, in a partnership to achieve the individual's wellness and recovery goals. Services shall be non-coercive and focused on engaging Clients in the field. The goal of FSP Programs is to assist the Clients to progress through pre-determined quality of life outcome domains (e.g., housing, decreased incarcerations, decreased hospitalizations, increased education involvement, increased employment opportunities and retention, linkage to medical providers, etc.) and become more independent and self-sufficient as Clients move through the continuum of recovery as evidenced by progressing to a lower level of care or out of the "intensive case management" need category.

~~21.~~25. Housing Specialist means a specialized position dedicated to developing the full array of housing options for their program and monitoring their suitability for the population served in accordance with the minimal housing standards policy set by COUNTY for their program. This individual is also responsible for assisting Clients with applications to low income housing, housing subsidies, senior housing, etc. This individual is responsible for keeping abreast of the continuum of housing placements as well as Fair Housing laws and guidelines. This individual is responsible for understanding the procedures involved in housing placement, including but not limited to: the referral

process, Coordinated Entry System, Licensed Residential placements, and temporary housing placements.

~~22~~26. Individual Services and Support Funds – Flexible Funds means funds intended for use to provide Clients and/or their families with immediate assistance, as deemed clinically necessary, for the treatment of their mental illness and their overall quality of life. Flexible Funds are generally categorized as housing, transportation, food, clothing, medical and miscellaneous expenditures that are individualized and appropriate to support Client’s mental health treatment activities.

~~23~~27. Intake means the initial meeting between a Client and CONTRACTOR’s staff and includes an evaluation to determine if the Client meets program criteria and is willing to seek services.

~~24~~28. Intern means an individual enrolled in an accredited graduate program accumulating clinically supervised work experience hours as part of field work, internship, or practicum requirements. Acceptable graduate programs include all programs that assist the student in meeting the educational requirements in becoming a licensed MFT, a licensed CSW, or a licensed Clinical Psychologist.

~~25~~29. IRIS means Integrated Records Information System and refers to a collection of applications and databases that serve the needs of programs within COUNTY and includes functionality such as registration and scheduling, laboratory information system, billing and reporting capabilities, compliance with regulatory requirements, electronic medical records and other relevant applications.

~~26~~30. Job Coach/Developer means a specialized position dedicated to developing and increasing employment opportunities for the Client and matching the job to the Client’s strengths, abilities, desires, and goals. This position also integrates knowledge about career development and job preparation to ensure successful job retention and satisfaction of both employer and employee.

~~27~~31. Linkage means to assist an individual to connect with a referral.

~~28~~32. Medical Necessity means the requirements as defined by CCR Title 9 and as listed in COUNTY MHP Medical Necessity for Medi-Cal Reimbursed Specialty Mental Health Services that includes Diagnosis, Impairment Criteria and Intervention Related Criteria.

~~29~~33. Member Advisory Board means a member-driven board which shall direct the activities, provide recommendations for ongoing program development, and create the rules of conduct for the program.

~~30~~34. Mental Health Services means interventions designed to provide the maximum reduction of mental disability and restoration or maintenance of functioning consistent with the requirements for learning, development and enhanced self-sufficiency. Services shall include:

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

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

c. Co-Occurring Integrated Treatment Model means an evidence-based Integrated Treatment programs, in which Clients receive a combined treatment for mental illness and substance abuse disorders from the same practitioner or treatment team.

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

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

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

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

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

~~31.~~35. Mental Health Worker means an individual that assists in planning, developing, and evaluating mental health services for Clients; provides liaison between Clients and service providers; and has obtained a Bachelor's degree in a behavioral science field such as psychology, counseling, or social work, or has two years of experience providing Client-related services to Clients experiencing mental health, drug use or alcohol disorders. Education in a behavioral science field such as psychology, counseling, or social work may be substituted for up to one year of the experience requirement.

~~32.~~36. MFT means Marriage and Family Therapist and refers to an individual who meets the minimum professional and licensure requirements set forth in CCR, Title 9, Section 626.

~~33.~~37. MHS means Mental Health Specialist and refers to an individual who has a Bachelor's Degree and four years of experience in a mental health setting and who performs individual and group

1 case management studies.

2 ~~34.~~38. MHSA means Mental Health Services Act and refers to the law that provides funding
3 for expanded community Mental Health Services. It is also known as “Proposition 63.”

4 ~~35.~~39. MORS means Milestones of Recovery Scale and refers to a recovery scale that
5 COUNTY will be using for the Adult mental health programs in COUNTY. The scale shall provide the
6 means of assigning Clients to their appropriate level of care and replace the diagnostic and acuity of
7 illness-based tools. MORS is ideally suited to serve as a recovery-based tool for identifying the level of
8 service needed by participating members. The scale shall be used to create a map of the system by
9 determining which milestone(s) or level of recovery (based on the MORS) are the target groups for
10 different programs across the continuum of programs and services offered by COUNTY.

11 ~~36.~~40. NOABD means Notice of Adverse Benefit Determination. Notice of Adverse Benefit
12 Determination is a Medi-Cal requirement defined to mean any of the following actions taken by a Plan:
13 1) The denial or limited authorization of a requested service, including determinations based on the type
14 or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit; 2)
15 The reduction, suspension, or termination of a previously authorized service; 3) The denial, in whole or
16 in part, of payment for a service; 4) The failure to provide services in a timely manner; 5) The failure to
17 act within the required timeframes for standard resolution of grievances and appeals; and 6) The denial
18 of a beneficiary’s request to dispute financial liability.

19 ~~37.~~41. NPI means National Provider Identifier and refers to the standard unique health
20 identifier that was adopted by the Secretary of HHS under HIPAA for health care providers. All HIPAA
21 covered healthcare providers, individuals and organizations must obtain an NPI for use to identify
22 themselves in HIPAA standard transactions. The NPI is assigned for life.

23 ~~38.~~42. NPP means Notice of Privacy Practices and refers to a document that notifies
24 individuals of uses and disclosures of PHI that may be made by or on behalf of the health plan or health
25 care provider as set forth in HIPAA.

26 ~~39.~~43. Outreach means the Outreach to potential Clients to link them to appropriate Mental
27 Health Services and may include activities that involve educating the community about the services
28 offered and requirements for participation in the programs. Such activities should result in
29 CONTRACTOR developing its own Client referral sources for the programs it offers.

30 ~~40.~~44. Peer Recovery Specialist/Counselor means an individual who has been through the
31 same or similar recovery process as those he/she is now assisting to attain their recovery goals while
32 getting paid for this function by the program. A Peer Recovery Specialist/Counselor’s practice is
33 informed by his/her own experience.

34 ~~41.~~45. Pharmacy Benefits Manager (PBM) means the organization that manages the
35 medication benefits that are given to Clients that qualify for medication benefits.

36 ~~42.~~46. PHI means Protected Health Information and refers to individually identifiable health
37 information usually transmitted by electronic media and 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.

~~43.~~47. Pre-Licensed Psychologist means an individual who has obtained a Ph.D. or Psy.D. in Clinical Psychology and is registered with the Board of Psychology as a registered Psychology Intern or Psychological Assistant, acquiring hours for licensing, and waived in accordance with Welfare and Institutions Code section 575.2. The waiver may not exceed five (5) years.

~~44.~~48. Pre-Licensed Therapist means an individual who has obtained a Master's Degree in Social Work or Marriage and Family Therapy and is registered with the Board of Behavioral Sciences (BBS) as an Associate CSW or Associate MFT acquiring hours for licensing. An individual's registration is subject to regulations adopted by the BBS.

~~45.~~49. Program Administrator means an individual who has complete responsibility for the day to day function of the program. The Program Administrator is the highest level of decision making at a local, program level.

~~46.~~50. Promotora de Salud Model means a model where trained individuals, Promotores, work towards improving the health of their communities by linking their neighbors to health care and social services and educating their peers about mental illness, disease and injury prevention.

~~47.~~51. Promotores means individuals who are members of the community who function as natural helpers to address some of their communities' unmet mental health, health and human service needs. They are individuals who represent the ethnic, socio-economic and educational traits of the population they serve. Promotores are respected and recognized by their peers and have the pulse of the community's needs.

~~48.~~52. PSC means Personal Services Coordinator and refers to an individual who is part of a multi-disciplinary team that provides community based Mental Health Services to adults that are struggling with persistent and severe mental illness as well as homelessness, rehabilitation and recovery principles. The PSC is responsible for clinical care and case management of assigned Client and families in a community, home, or program setting. This includes assisting Clients with mental health, housing, vocational and educational needs. The position is also responsible for administrative and clinical documentation, as well as participating in trainings and team meetings. The PSC shall be active in supporting and implementing the program's philosophy and its individualized, strength-based, culturally/linguistically competent and client-centered approach.

~~49.~~53. Psychiatrist means an individual who meets the minimum professional and licensure requirements set forth in Title 9, CCR, Section 623.

~~50.~~54. Psychologist means an individual who meets the minimum professional and licensure requirements set forth in Title 9, CCR, Section 624.

~~51.~~55. QIC means Quality Improvement Committee and refers to a committee that meets

quarterly to review one percent (1%) of all “high-risk” Medi-Cal Clients to monitor and evaluate the quality and appropriateness of services provided. At a minimum, the committee is comprised of one (1) CONTRACTOR administrator, one (1) Clinician, and one (1) Physician who are not involved in the clinical care of the cases.

~~52.~~ 56. Recovery means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The four major dimensions to support a life in recovery are:

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

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

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

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

~~53.~~ 57. Referral means the act of sending an individual to another person or place for services, help, advice, etc. When indicated, follow-up shall be provided within five (5) working days to assure that the Client has made contact with the referred service.

~~54.~~ 58. SUD means Substance Use Disorder and refers to a condition in which the use of one or more substances leads to a clinically significant impairment or distress per the latest DSM.

~~55.~~ 59. Supportive Housing PSC means a person who provides services in a supportive housing structure. This person coordinates activities which include, but are not limited to: independent living skills, social activities, supporting communal living, assisting residents with conflict resolution, advocacy, and coordinating care if a resident is under the care of a case manager. Supportive Housing PSC consults with the multidisciplinary team assigned by the program. The PSCs are active in supporting and implementing a FSP Philosophy and its individualized, strengths-based, culturally appropriate, and Client-centered approach. The Supportive Housing PSC supports all MHSA residents living in the assigned housing project, whether or not the tenant is receiving services from the on-site FSP. The Supportive Housing PSC works with Property Manager, MHSA Housing County monitor, Resident Clinical Service Coordinator, and other support services located on-site. This individual provides services that support housing sustainability for MHSA tenants and is active in supporting and implementing a Full Service Partnership approach that is individualized, strengths-based, culturally appropriate, and Client-centered.

~~56.~~ 60. 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 administrator or designee.

~~57.61.~~ Token means the security device which allows an individual user to access COUNTY's computer-based IRIS.

~~58.62.~~ UMDAP means the Uniform Method of Determining Ability to Pay and refers to the method used for determining the annual Client liability for Mental Health Services received from COUNTY mental health system and is set by the State of California.

~~59.63.~~ Vocational/Educational Specialist means a person who provides services that range from pre-vocational groups, trainings and supports to obtain employment out in the community based on the Client's level of need and desired support. The Vocational/Educational Specialist provides "one on one" vocational counseling and support to Clients to ensure that their needs and goals are being met. The overall focus of the Vocational/Educational Specialist is to empower Clients and provide them with the knowledge and resources to achieve the highest level of vocational functioning possible.

~~60.64.~~ WRAP means Wellness Recovery Action Plan and refers to a Client self-help tool for monitoring and responding to symptoms to achieve the highest possible levels of wellness, stability, and quality of life.

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

VIII. BUDGET

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

<u>ADMINISTRATIVE</u>	<u>PERIOD ONE</u>	<u>PERIOD</u>	<u>PERIOD</u>	<u>PERIOD</u>	<u>PERIOD</u>	<u>TOTAL</u>
<u>COSTS</u>		<u>TWO</u>	<u>THREE</u>	<u>FOUR</u>	<u>FIVE</u>	
<u>Indirect Costs</u>	<u>\$ 437,374</u>	<u>\$ 437,374</u>	<u>\$ 661,917</u>	<u>\$ 614,471</u>	<u>\$ 661,242</u>	<u>\$ 2,812,378</u>
<u>Salaries</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>18,528</u>	<u>19,080</u>	<u>37,608</u>
<u>Benefits</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,202</u>	<u>5,312</u>	<u>10,514</u>
<u>SUBTOTAL</u>	<u>\$ 437,374</u>	<u>\$ 437,374</u>	<u>\$ 661,917</u>	<u>\$ 638,200</u>	<u>\$ 685,634</u>	<u>\$ 2,860,499</u>
<u>ADMINISTRATIVE</u>						
<u>PROGRAM COSTS</u>						
<u>Salaries</u>	<u>\$ 1,410,284</u>	<u>\$ 1,417,645</u>	<u>\$ 2,218,556</u>	<u>\$ 2,361,576</u>	<u>\$2,432,424</u>	<u>\$ 9,840,485</u>
<u>Benefits</u>	<u>427,383</u>	<u>420,022</u>	<u>614,240</u>	<u>657,442</u>	<u>677,212</u>	<u>2,769,299</u>
<u>Services &</u>	<u>531,152</u>	<u>531,152</u>	<u>796,570</u>	<u>741,211</u>	<u>799,339</u>	<u>3,399,424</u>

<u>Supplies</u>							
<u>Flex Funds</u>	<u>129,270</u>	<u>129,270</u>	<u>237,571</u>	<u>244,697</u>	<u>252,039</u>	<u>992,847</u>	
<u>Subcontracts</u>	<u>417,732</u>	<u>417,732</u>	<u>447,554</u>	<u>249,741</u>	<u>409,880</u>	<u>1,942,639</u>	
<u>Start Up Costs</u>	<u>0</u>	<u>0</u>	<u>98,291</u>	<u>0</u>	<u>0</u>	<u>98,291</u>	
<u>SUBTOTAL PROGRAM</u>	<u>\$ 2,915,821</u>	<u>\$ 2,915,821</u>	<u>\$ 4,412,781</u>	<u>\$ 4,254,668</u>	<u>\$4,570,894</u>	<u>\$19,069,985</u>	
<u>GROSS COSTS</u>	<u>\$ 3,353,195</u>	<u>\$ 3,353,195</u>	<u>\$ 5,074,698</u>	<u>\$ 4,892,868</u>	<u>\$5,256,528</u>	<u>\$21,930,484</u>	
<u>REVENUE</u>							
<u>Federal Medi-Cal</u>	<u>\$ 702,382</u>	<u>\$ 702,382</u>	<u>\$ 875,000</u>	<u>\$ 950,000</u>	<u>\$ 975,000</u>	<u>\$ 4,204,764</u>	
<u>MHSA Medi-Cal</u>	<u>702,382</u>	<u>702,382</u>	<u>875,000</u>	<u>950,000</u>	<u>975,000</u>	<u>4,204,764</u>	
<u>MHSA</u>	<u>1,948,431</u>	<u>1,948,431</u>	<u>3,324,698</u>	<u>2,992,868</u>	<u>3,306,528</u>	<u>13,520,956</u>	
<u>TOTAL REVENUE</u>	<u>\$ 3,353,195</u>	<u>\$ 3,353,195</u>	<u>\$ 5,074,698</u>	<u>\$ 4,892,868</u>	<u>\$5,256,528</u>	<u>\$21,930,484</u>	
<u>NOT TO EXCEED</u>	<u>\$ 3,353,195</u>	<u>\$ 3,353,195</u>	<u>\$ 5,074,698</u>	<u>\$ 4,892,868</u>	<u>\$5,256,528</u>	<u>\$21,930,484</u>	
<u>AMOUNT</u>							

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

ADMINISTRATIVE COSTS	PERIOD ONE	PERIOD TWO	PERIOD THREE	TOTAL
Indirect Costs	\$ 437,374	\$ 437,374	\$ 661,917	\$ 1,536,665
SUBTOTAL ADMINISTRATIVE	\$ 437,374	\$ 437,374	\$ 661,917	\$ 1,536,665
PROGRAM COSTS				
Salaries	\$ 1,410,284	\$ 1,417,645	\$ 2,218,556	\$ 5,046,485
Benefits	427,383	420,022	614,240	1,461,645
Services & Supplies	531,152	531,152	796,570	1,858,874
Flex Funds	129,270	129,270	237,571	496,111
Subcontracts	417,732	417,732	447,554	1,283,018
SUBTOTAL PROGRAM	\$ 2,915,821	\$ 2,915,821	\$ 4,412,781	\$ 10,244,423
GROSS COSTS	\$ 3,353,195	\$ 3,353,195	\$ 5,074,698	\$ 11,781,088
REVENUE				
Federal Medi-Cal	\$ 702,382	\$ 702,382	\$ 875,000	\$ 2,279,764

MHSA Medi-Cal	702,382	702,382	875,000	2,279,764
MHSA	1,948,431	1,948,431	3,324,698	7,221,560
TOTAL REVENUE	\$3,353,195	\$3,353,195	\$ 5,074,698	\$ 11,781,088
<hr/>				
NOT TO EXCEED AMOUNT	\$ 3,353,195	\$ 3,353,195	\$ 5,074,698	\$ 11,781,088

B. CONTRACTOR and ADMINISTRATOR mutually agree that the Total Budget identified in Subparagraph II.A. of this Exhibit A-1 to the Contract includes Indirect Costs not to exceed fifteen percent (15%) of Direct Costs, and which may include operating income estimated at two percent (2%). Final settlement paid to CONTRACTOR shall include Indirect Costs and such Indirect Costs may include operating income.

C. CONTRACTOR agrees that the amount of MHSA Medi-Cal Match is dependent upon, and shall at no time be greater than, the amount of Federal Medi-Cal actually generated by CONTRACTOR, unless authorized by ADMINISTRATOR.

D. In the event CONTRACTOR collects fees and insurance, including Medicare, for services provided pursuant to the Contract, CONTRACTOR may make written application to ADMINISTRATOR to retain such revenues; provided, however, the application must specify that the fees and insurance will be utilized exclusively to provide mental health services. ADMINISTRATOR may, at its sole discretion, approve any such retention of revenues. Approval by ADMINISTRATOR shall be in writing to CONTRACTOR and will specify the amount of said revenues to be retained and the quantity of services to be provided by CONTRACTOR. Fees received from private resources on behalf of Medi-Cal Clients shall not be eligible for retention by CONTRACTOR.

E. The Parties agree that the above budget reflects an average Medi-Cal Client caseload of approximately thirty-five percent (35%) to be maintained by CONTRACTOR. CONTRACTOR agrees to accept COUNTY referrals that may result in an increase in this average.

F. FLEXIBLE FUNDS

1. CONTRACTOR shall develop a P&P, or revise the existing P&P, regarding Flexible Funds and submit to ADMINISTRATOR no later than twenty (20) calendar days from the start of the Contract. ADMINISTRATOR and CONTRACTOR shall finalize and approve the P&P, in writing, no later than thirty (30) calendar days from the start of the Contract. If the Flexible Funds P&P has not been approved after thirty (30) calendar days from the start of the Contract, any subsequent Flexible Funds expenditures may be disallowed by ADMINISTRATOR.

2. CONTRACTOR shall ensure that utilization of Flexible Funds is individualized and appropriate for the treatment of Client's mental illness and overall quality of life.

3. CONTRACTOR shall report the utilization of their Flexible Funds monthly on a form approved by ADMINISTRATOR. The Flexible Funds report shall be submitted with CONTRACTOR's monthly Expenditure and Revenue Report.

1 4. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of the
2 approved Flexible Funds P&P. CONTRACTOR shall provide signature confirmation of the Flexible
3 Funds P&P training for each staff member that utilizes these Flexible Funds for a Client.

4 5. CONTRACTOR shall ensure the Flexible Funds P&P includes, but not be limited to, the
5 following:

6 a. Purpose for which Flexible Funds are to be utilized. This shall include a description of
7 what type of expenditures are appropriate, reasonable, justified and that the expenditure of Flexible
8 Funds shall be individualized according to the Client's needs. Include a sample listing of certain
9 expenditures that are allowable, unallowable, or require discussion with ADMINISTRATOR;

10 b. Identification of specific CONTRACTOR staff designated to authorize Flexible Funds
11 expenditures and the mechanism used to ensure this staff has timely access to Flexible Funds. This may
12 include procedures for check requests/petty cash, or other methods of access to these funds;

13 c. Identification of the process for documenting and accounting for all Flexible Funds
14 expenditures, which shall include, but not be limited to, retention of comprehensible source
15 documentation such as receipts, copy of Client's lease/rental agreements, general ledgers, and needs
16 documented in Client's treatment plan;

17 d. Statement indicating that Flexible Funds may be utilized when other community
18 resources such as family/friends, food banks, shelters, charitable organizations, etc. are not available in a
19 timely manner, or are not appropriate for a Client's situation. PSCs shall assist Client in exploring other
20 available resources, whenever possible, prior to utilizing Flexible Funds;

21 e. Statement indicating that no single Flexible Funds expenditure, in excess of \$1,000,
22 shall be made without prior written approval of ADMINISTRATOR. In emergency situations,
23 CONTRACTOR may exceed the \$1,000 limit, if appropriate and justified, and shall notify
24 ADMINISTRATOR the next business day of such an expense. Said notification shall include total costs
25 and a justification for the expense. Failure to notify ADMINISTRATOR within the specified timeframe
26 may result in disallowance of the expenditure;

27 f. Statement that pre-purchases shall only be for food, transportation, clothing and motels,
28 as required and appropriate;

29 g. Statement indicating that pre-purchases of food, transportation and clothing vouchers
30 and/or gift cards shall be limited to a combined \$5,000 supply on-hand at any given time and that all
31 voucher and/or gift card purchases and disbursement shall be tracked and logged by designated
32 CONTRACTOR staff. Vouchers and/or gift cards shall be limited in monetary value to less than
33 twenty-five (\$25) each, unless otherwise approved in advance by ADMINISTRATOR in writing;

34 h. Statement indicating that pre-purchases for motels shall be on a case-by-case basis and
35 time-limited in nature and only utilized while more appropriate housing is being located. Pre-purchase
36 of motel rooms shall be tracked and logged upon purchase and disbursement;

37 i. Statement indicating that Flexible Funds are not to be used for housing for Clients that

1 have not been enrolled in CONTRACTOR's program, unless approved, in advance and in writing, by
2 ADMINISTRATOR;

3 j. Statement indicating that Flexible Funds shall not be given in the form of cash to any
4 Clients either enrolled or in the outreach and engagement phase of CONTRACTOR's program; and

5 k. Identification of procedure to ensure secured storage and documented disbursement of
6 gift cards and vouchers for Clients, including end of year process accounting for gift cards still in staff
7 possession.

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

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

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

30 IX. PAYMENTS

31 A. COUNTY shall pay CONTRACTOR monthly, in arrears, at the provisional amount of \$279,432
32 per month for Period One and Period Two, \$422,891 per month for Period Three, \$407,739 per month
33 for Period Four and \$438,044 per month for Period Five. All payments are interim payments only, and
34 subject to final settlement in accordance with the Cost Report Paragraph of the Contract for which
35 CONTRACTOR shall be reimbursed for the actual cost of providing services, which may include
36 Indirect Administrative Costs, as identified in Subparagraph II.A. of this Exhibit A-1 to the Contract;
37 provided, however, the total of such payments does not exceed the Not to Exceed Amount for each

Period as stated in the Referenced Contract Provisions of the Contract and, provided further, CONTRACTOR's costs are reimbursable pursuant to County, State, and/or Federal regulations. ADMINISTRATOR may, at its discretion, pay supplemental invoices for any month for which the provisional amount specified above has not been fully paid.

~~A. COUNTY shall pay CONTRACTOR monthly, in arrears, at the provisional amount of \$279,432 per month for Period One and Period Two and \$422,891 per month for Period Three. All payments are interim payments only, and subject to final settlement in accordance with the Cost Report Paragraph of the Contract for which CONTRACTOR shall be reimbursed for the actual cost of providing the services, which may include Indirect Administrative Costs, as identified in Subparagraph H.A. of this Exhibit A-1 to the Contract; provided, however, the total of such payments does not exceed the Not to Exceed Amount for each period as stated in the Referenced Contract Provisions of the Contract and, provided further, CONTRACTOR's costs are reimbursable pursuant to County, State, and/or Federal regulations. ADMINISTRATOR may, at its discretion, pay supplemental invoices for any month for which the provisional amount specified above has not been fully paid.~~

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

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

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

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

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

D. ADMINISTRATOR may withhold or delay any payment if CONTRACTOR fails to comply

1 with any provision of the Contract.

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

5 F. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
6 Payments Paragraph of this Exhibit A-1 to the Contract.

8 **X. REPORTS**

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

11 **B. FISCAL**

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

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

28 **C. STAFFING**

29 1. CONTRACTOR shall submit monthly Staffing Reports to ADMINISTRATOR. These
30 reports shall be on a form acceptable to, or provided by, ADMINISTRATOR and shall, at a minimum,
31 report the actual FTEs of the positions stipulated in the Staffing Paragraph of this Exhibit A-1 to the
32 Contract and shall include the employees' names, licensure status, monthly salary, hire and/or
33 termination date and any other pertinent information as may be required by ADMINISTRATOR. The
34 reports shall be received by ADMINISTRATOR no later than twenty (20) calendar days following the
35 end of the month being reported. If an extension is approved by ADMINISTRATOR, the total
36 extension shall not exceed more than five (5) calendar days.

37 **D. PROGRAMMATIC**

1 1. CONTRACTOR shall submit programmatic reports to ADMINISTRATOR, as indicated
 2 below, on a form acceptable to or provided by ADMINISTRATOR, which shall be received by
 3 ADMINISTRATOR no later than twenty (20) calendar days following the end of the month being
 4 reported unless otherwise specified. Mental Health Programmatic reports shall include, but not be
 5 limited to, the following:

6 a. A description of CONTRACTOR's progress in implementing the provisions of this
 7 Contract,

8 b. Report of placement and movement of Clients along the continuum of services,

9 c. Voluntary and involuntary hospitalizations, incarcerations, and special incidences,

10 d. Vocational programs, educational programs, including new job placements, Clients in
 11 continuing employment,

12 e. Reporting of the numbers of Clients based upon their level of function in the MORS
 13 Level system,

14 f. Chart compliance by percentage of compliance with all Medi-Cal records, in addition
 15 to any pertinent facts or interim findings, staff changes, status of Licenses and/or Certifications, changes
 16 in population served and reasons for any such changes, and

17 g. CONTRACTOR statement whether the program is or is not progressing satisfactorily
 18 in achieving all the terms of this Contract, and if not, shall specify what steps will be taken to achieve
 19 satisfactory progress.

20 2. CONTRACTOR shall document all adverse incidents affecting the physical and/or
 21 emotional welfare of Clients, including but not limited to serious physical harm to self or others, serious
 22 destruction of property, developments, etc., and which may raise liability issues with COUNTY.
 23 CONTRACTOR shall notify COUNTY within twenty-four (24) hours of any such serious adverse
 24 incident and follow COUNTY guidelines regarding submitting incident reports.

25 3. CONTRACTOR shall advise ADMINISTRATOR of any special incidents, conditions, or
 26 issues that adversely affect the quality or accessibility of Client-related services provided by, or under
 27 contract with, COUNTY as identified in the HCA P&Ps.

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

32 F. CONTRACTOR agrees to enter psychometrics into COUNTY's EHR system as requested by
 33 ADMINISTRATOR. Said psychometrics are for COUNTY's analytical uses only and shall not be
 34 relied upon by CONTRACTOR to make clinical decisions. CONTRACTOR agrees to hold COUNTY
 35 harmless and indemnify pursuant to Paragraph XIV. Indemnification and Insurance, from any claims
 36 that arise from non-COUNTY use of said psychometrics.

37 G. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the

1 Reports Paragraph of this Exhibit A-1 to the Contract.

3 **XI. SERVICES**

4 A. FACILITY – CONTRACTOR shall maintain a facility which meets the minimum requirements
5 for Medi-Cal and Medicare eligibility for the provision of Assisted Outpatient Treatment FSP Services
6 for exclusive use by COUNTY at the following location, or any other location approved, in advance, in
7 writing, by ADMINISTRATOR:

8
9 615 Civic Center Drive West
10 Santa Ana, CA 92701
11

12 1. The facility shall include space to support the services identified within the Contract.

13 2. The facility shall be open from Monday through Friday, 8:00 a.m. until at least 5:00 p.m., in
14 adherence with COUNTY's regularly scheduled service hours; however, CONTRACTOR shall modify
15 these hours of operation to provide services in the evenings and/or weekends as needed in order to meet
16 Clients' needs. Additionally, CONTRACTOR agrees to provide access by phone or in person to its
17 Clients twenty-four (24) hours per day, seven (7) days per week.

18 3. CONTRACTOR shall maintain a holiday schedule consistent with COUNTY's holiday
19 schedule, unless otherwise approved, in advance and in writing, by ADMINISTRATOR.

20 4. CONTRACTOR shall obtain a NPI: The standard unique health identifier adopted by the
21 Secretary of HHS under HIPAA of 1996 for health care providers.

22 **B. INDIVIDUALS TO BE SERVED**

23 1. Assisted Outpatient Treatment - Adults, ages 18 and older, who reside in Orange County,
24 have a serious mental illness, and have a history of lack of compliance with treatment for his or her
25 mental illness; whose condition is substantially deteriorating and the person is unlikely to survive safely
26 in the community without supervision or the person is in need of assisted outpatient treatment in order to
27 prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the
28 person or to others; who has been offered an opportunity to participate in the development of their
29 treatment plan for services and continues to fail to engage; and at least one of the following is true:

30 a. The individual's mental illness has, at least twice within the last thirty-six (36) months,
31 been a substantial factor in necessitating hospitalization or receipt of services in a forensic or other
32 mental health unit of a state correctional facility or local correctional facility; or

33 b. The individual's mental illness has resulted in one or more acts of serious and violent
34 behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to
35 themselves or another within the last forty-eight (48) months.

36 2. Community Assistance, Recovery and Empowerment (CARE) - Adults, ages 18 and older,
37 who reside in Orange County, have a diagnosis of schizophrenia spectrum or other psychotic disorder,

1 and are not clinically stabilized; whose condition is substantially deteriorating and the person is unlikely
 2 to survive safely in the community without supervision or the person is in need of services and supports
 3 in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious
 4 harm to the person or to others.

5 3. Referrals shall come from the COUNTY's AOT and CARE Team and all individuals served
 6 must meet CCR Title IX medical necessity criteria.

7 C. PROGRAM PHILOSOPHIES – CONTRACTOR's program shall be guided by the following
 8 values, philosophies, and approaches to recovery in the services provided:

9 1. Ensuring Cultural Considerations – CONTRACTOR shall tailor services to the Clients'
 10 worldview and belief systems and to enhance the therapeutic relationship, intervention, and outcome.
 11 Consideration to how Clients identify in terms of race, ethnicity, sexual orientation, and spirituality shall
 12 be considered when developing and providing services.

13 2. Being Fully Served, Ensuring Integrated Experience – To begin to understand and apply
 14 FSP practices, one must first understand the concepts inherent in the carefully selected phrase Full
 15 Service Partnership, including the idea of what it means to "be fully served" and providing an integrated
 16 service experience within the FSP. Individuals who have been diagnosed with a serious mental illness
 17 shall receive mental health services through an individual service plan where both the Client and their
 18 PSC agree that they are getting the services they want and need, in order to achieve their wellness and
 19 recovery goals.

20 3. Tailoring Service Coordination to Client Stage of Recovery – CONTRACTOR shall
 21 identify and define levels of service and supports that create a continuum of services based on the
 22 Clients' stages of Recovery to ensure that Clients are "fully served."

23 4. Outreach and Engagement – CONTRACTOR shall form the foundation of a partnership by
 24 successfully bringing individuals into the FSP as well as retaining Clients in the FSP while they need
 25 services.

26 5. Welcoming Environments – CONTRACTOR shall convey a sense of welcoming to Clients
 27 that reflects the belief in recovery. The healing and recovery process will not truly begin until a Client
 28 feels welcomed and accepted into the services and supports provided by the FSP team.

29 6. Stage of Readiness for Change – CONTRACTOR shall focus on Client's Stage of
 30 Readiness for Change toward changing behaviors and have concrete interventions and supports to
 31 support the Client's move towards recovery in that specific area of their life.

32 7. Client or Person Centered Treatment Planning and Service Delivery – CONTRACTOR
 33 shall promote a foundation for healing through the relationship between the Client and PSC or FSP team
 34 through the use of Client or Person Centered Treatment Planning and Service Delivery.

35 8. Fostering Independence, Self-Determination and Transitioning to Community Supports –
 36 CONTRACTOR shall assist Clients in becoming more engaged in their recovery to reduce reliance on
 37 the mental health system, as mental health interventions become less necessary.

1 9. Community Capacity Building – CONTRACTOR shall assist Clients in managing and
2 living productive lives in their community; to reduce unnecessary Client reliance on the mental health
3 system; and to increase capacity within the system to serve new Clients.

4 10. Use of Strength-Based Approach – CONTRACTOR shall help Clients identify and use
5 their individual strengths in treatment as an effective way to help Clients achieve their goals and believe
6 that recovery is possible.

7 11. Client Self-Management – CONTRACTOR shall assist Clients in learning to assume more
8 responsibility for their overall care by becoming more involved in decision-making and successfully
9 managing their symptoms.

10 12. Integrated Services for Clients with Co-Occurring Substance Use and Mental Health
11 Disorders – CONTRACTOR shall integrate substance use and mental health services into one treatment
12 plan as it is critical to the recovery process for both disorders. Integrated Dual Disorder Treatment
13 model is an approach that helps people recover by offering treatments that combine or integrate mental
14 health and substance use interventions at the level of the clinical encounter. Ultimately, the goal of
15 Integrated Dual Disorder Treatment is to help people manage both their mental illness and substance use
16 disorders so that they can pursue their own meaningful life goals.

17 13. Role of Medication and Therapy – CONTRACTOR shall understand the potential role and
18 value of therapy, counseling, and medication as treatment modalities within a FSP. CONTRACTOR
19 shall identify strategies for FSP teams to work collaboratively with Clients to find the best approach to
20 support their success.

21 14. Reconnecting with Family – CONTRACTOR shall facilitate the recovery process and add
22 an element of social support to the Client and include the family in services when appropriate.

23 15. Increasing Social Supports and Community Integration – CONTRACTOR shall work with
24 Clients to shift Clients' support from weighing heavily on the mental health system to weighing more
25 heavily in the community. CONTRACTOR shall focus on increasing Clients' social network and
26 increasing their opportunities to meet new people as Clients' recoveries progress.

27 16. Education, Employment and Volunteering – CONTRACTOR shall work with Clients to
28 engage in activities that are meaningful, create self-sufficiency, and give back to the community.

29 17. Reducing Involvement in the Criminal Justice System – CONTRACTOR shall minimize
30 Client contact with law enforcement and the judicial system.

31 18. Linkage to and Coordination of Health Care – CONTRACTOR shall ensure all FSP Clients
32 have access to needed comprehensive health care. Access to these services is particularly critical since
33 Clients with mental health issues often have undiagnosed and untreated medical conditions that result in
34 chronic medical conditions and premature death.

35 19. Coordination of Inpatient Care/Incarceration – CONTRACTOR shall ensure coordination
36 of services when FSP Clients are in a psychiatric hospital or incarcerated and plan for a successful
37 discharge.

20. Team Service Approach and Meeting Structure – CONTRACTOR shall utilize the FSP team as a whole in treatment and service planning and develop a structure for team meetings to discuss cases and coordinate care.

21. Use of Peer Staff – CONTRACTOR shall identify meaningful roles for peer employees as part of a FSP team. Employing peers is transformational and not only helps individuals give back to the system that helped them recover, but also, if done with care, will reduce the stigma associated with mental illness. CONTRACTOR shall maintain the ability to develop and utilize peers who are knowledgeable about the needs of Clients.

22. Creating an Array of Readily Available Housing Options – CONTRACTOR shall create an array of readily available housing options and provide safe and affordable housing for each Client.

23. Graduation - Graduation is the expected outcome for all Clients and is not only crucial to the Clients as validation of their accomplishments and belief in their potential, but is also crucial for capacity and flow through our system. CONTRACTOR shall work with Clients and provide them with support needed to develop the confidence to move to lower levels of care or full community integration.

24. Evidence-Based Practices - CONTRACTOR shall focus on using EBPs whenever possible, including, but not limited to, the Assertive Community Treatment model, which embraces a “whatever it takes” approach to remove barriers for individuals to access the support needed to fully integrate into the community. CONTRACTOR shall have staff with the needed expertise to collect and analyze data and outcomes in line with established fidelity measures. This staff shall ensure desired outcomes are achieved and routinely tested for accuracy.

25. CONTRACTOR shall conduct ongoing evaluation of practices and outcomes to ensure that all components of MHSA FSP philosophy, as outlined above, are successfully implemented and achieving desired results. These results shall be made available to COUNTY and the general public via: the MHSA website, quarterly outcome focused management meetings and public forums upon request and approval of COUNTY. CONTRACTOR shall have the needed expertise to collect and analyze data and outcomes in line with established fidelity measures. This expertise shall ensure desired outcomes are achieved and routinely tested for accuracy.

D. PROGRAM SERVICES - CONTRACTOR’s program shall include, but not be limited to the following services under the provision of Assisted Outpatient Treatment FSP Services:

1. Assessment Services: Evaluate the current status of a beneficiary’s mental, emotional, or behavioral health. It includes a Mental Status Examination, analysis of clinical history, analysis of relevant cultural issues and history, diagnosis and may include testing procedures. CONTRACTOR shall have qualified staff to provide assessment services.

2. Crisis Intervention and Management Services: Emergency response services enable the Client to cope with the crisis while maintaining his/her functioning status within the community and are aimed at preventing further decompensation. This may include assessment for involuntary hospitalization. This service must be available twenty-four (24) hours per day, seven (7) days per week.

1 3. Medication Support Services: Evaluate need for individual medication, clinical
2 effectiveness, side effects of medication and obtaining informed consent.

3 a. Medication education shall be provided including discussing risks, benefits and
4 alternatives with the Clients and significant support persons when indicated.

5 b. Plan development related to decreasing impairments, delivering of services, evaluating
6 the status of the Client's community functions, and prescribing, dispensing and administering
7 psychotropic medications shall be discussed with the Client and documented.

8 c. Medication support services may occur in the office or in the field.

9 4. Co-Occurring Services: Follow a program that uses a stage-wise treatment model that is
10 non-confrontational, follows behavioral principles, considers interactions between mental illness and
11 substance use and has gradual expectations of abstinence. Mental health and substance use research has
12 strongly indicated that to recover fully, a Client with a co-occurring disorder needs treatment for both
13 diagnoses, as focusing on one does not ensure the other will go away. Co-occurring services integrate
14 assistance for each condition, helping people recover from both in one setting at the same time. All
15 treatment team members shall be co-occurring capable. When appropriate, the American Society of
16 Addiction Medicine (ASAM) criteria shall be utilized to identify an appropriate level of co-occurring
17 treatment indicated. Individuals with co-occurring substance use issues shall be provided a range of co-
18 occurring services including linkage to medical detox, social detox, residential treatment, etc.

19 5. Vocational and Educational Services: As part of the continuum of Recovery it is important
20 that Clients develop an "identity" other than that of a mental health Client; towards this end Clients shall
21 be supported in exploring a full range of opportunities, including but not limited to, volunteer
22 opportunities, part-time/full-time work, supported employment, competitive employment and
23 educational opportunities. CONTRACTOR's staff shall have a dedicated Vocational/Educational
24 Specialist to assist enrolled Clients with these services.

25 a. Educational Services: CONTRACTOR shall engage Clients in activities to support
26 them in achieving the highest educational functioning possible. Services and activities may include
27 General Education Diploma preparation, and linkage to colleges, vocational training and adult schools.

28 b. Pre-Vocational/Vocational Services: CONTRACTOR shall engage Clients in pre-
29 vocational/vocational activities that assist them in determining their skills, interests, values, and realistic
30 career goals, and services that help them in developing work skills, gaining work experience, and
31 finding employment. Activities and services may include, but not be limited to the following areas:
32 career exploration, identification of personal strengths, values, and talents, resume writing, job seeking
33 skills, interviewing skills, job coaching, job placement, job retention, and symptom management in the
34 workplace. The intent of these activities and services is to actively involve Clients in identifying and
35 developing their own positive work identities; building self-confidence and vocational skills; and
36 ultimately obtaining and maintaining employment. CONTRACTOR shall assist Clients to find
37 employment settings that match the Clients' interests, abilities, aptitudes, strengths and individualized

goals, and provide supportive services and supports to ensure vocational success.

c. Job Coaching/Developing: The Employment Specialist shall assist Clients in the exploration of various career options as well as actively strategizing collaborative relationships in the private and public sector to create job opportunities for Clients. This position shall work closely with management staff and the Data Analyst to explore and implement evidence-based best practices in this area.

6. Family and Peer Support Services:

a. Connection to community, family, and friends is a critical element to Recovery and shall be an integral part of CONTRACTOR's services. PSC shall work to include Client's natural support system in treatment and services; and peers shall be hired as Peer Recovery Specialists to assist Clients in their various stages of Recovery. CONTRACTOR shall establish a Peer Advisory Committee, as appropriate, to provide Client input into program development and quality improvement.

b. Supportive Socialization and Meaningful Community roles. CONTRACTOR shall provide client-centered services that shall support the Clients in their recovery, self-sufficiency, and development of meaningful life activities and relationships.

c. Family Support Services. CONTRACTOR shall create a culture that embraces families in the recovery process. Family therapy is found to be an integral part of the success of this population's recovery. The licensed Family Therapist/Clinician shall have two (2) years of experience working with family theory and practice. The Therapist/Clinician shall continuously evaluate the needs of the family members and provide services accordingly. These services shall include but not be limited to; multi-family groups, psycho-educational groups, and family therapy. Some of the components of family treatment should include, but not be limited to: communication, family dynamics, and resource development.

7. Transportation Services: CONTRACTOR shall provide transportation services which may include, but not be limited to: provision of bus tickets and taxi vouchers; transportation to appointments deemed necessary for Client care; transportation for emergency psychiatric evaluation or treatment; or transportation for the provision of any case management services. Transportation may be conducted by the driver or any PSC in the case that the Client is not taking public transportation. CONTRACTOR shall possess the ability to provide or arrange for transportation of Clients to planned community activities or events. Clients shall be encouraged to utilize public transportation, carpools, or other means of transportation whenever possible. CONTRACTOR shall provide transportation to any treatment or court related appointments deemed necessary for the Client care.

8. Money Management/Representative Payee Support Services: CONTRACTOR shall designate a bonded Representative Payee to provide money management services to those Clients who are not able to manage their finances independently. These Clients include those that have funding, but are not able to or willing to meet their basic needs without assistance. Money management shall also include individual and/or group education regarding personal budgeting.

1 9. On-call Services: CONTRACTOR shall provide on-call services. CONTRACTOR staff
2 must be available twenty-four (24) hours per day, seven (7) days per week for intensive case
3 management and crisis intervention for enrolled Clients. The on-call staff must be able to respond in
4 person in a timely manner when indicated. CONTRACTOR shall ensure that all Clients are provided
5 with the on-call phone number and know how to access the on-call services as needed.

6 10. Linkage to Financial Benefits/Entitlements: CONTRACTOR shall employ a Benefits
7 Specialist to assist Clients in accessing financial benefits and/or entitlements. The Benefits Specialist
8 shall be knowledgeable of entitlements, such as SSI/SSDI, Medi-Cal, CalFresh, and General Relief, and
9 shall work with Clients to gather records, complete the application process, and secure
10 benefits/entitlements as quickly as possible.

11 11. Housing Services: CONTRACTOR shall provide a continuum of housing support to the
12 Clients. This service category includes a comprehensive needs assessment, linkage and placement in a
13 safe living arrangement, and ongoing support to sustain an appropriate level of housing.
14 CONTRACTOR shall prioritize obtaining appropriate housing and providing supportive services for
15 individuals immediately upon enrollment, and throughout the recovery process. CONTRACTOR shall
16 arrange to accompany Clients to their housing placements to ensure that access is smooth and that the
17 Client is secure in their placement and equipped with basic essentials, as well as to provide a warm
18 handoff to the housing provider. CONTRACTOR shall use a Housing First model, an approach that is
19 centered on the belief that individuals can achieve stability in permanent housing directly from
20 homelessness and that stable housing is the foundation for pursuing other health and life goals; and
21 services are oriented to help individuals obtain permanent housing as quickly and with as few
22 intermediate steps as possible. CONTRACTOR shall provide supports to help Clients engage in needed
23 services and identify and address housing issues in order to achieve and maintain housing stability.
24 CONTRACTOR shall develop working relationships and collaborations with COUNTY's Housing &
25 Supportive Services, local housing authorities, community housing providers, property owners, property
26 management staff, etc. to ensure that Clients have access to an array of readily available housing
27 options, facilitate successful transition and placement, and maximize the Clients' ability to live
28 independently in the community. CONTRACTOR shall train staff to utilize best practices that support
29 clients' transition from homelessness to housing. CONTRACTOR's staff shall include a Housing
30 Specialist and, if needed, a Supportive Housing PSC to provide housing services to all enrolled Clients.
31 Housing options shall include, but not be limited to:

32 a. Emergency Housing: Immediate shelter for critical access for Clients who are homeless
33 or have no other immediate housing options available. Emergency housing is a time-limited event and
34 shall only be utilized until a more suitable housing arrangement can be secured.

35 b. Motel Housing: For individuals who may be unwilling or are inappropriate for a
36 shelter, or when no shelter is available, motel housing may be utilized. Motel housing is time-limited in
37 nature and shall only be utilized as a last resort until a more appropriate housing arrangement can be

1 secured. Pre-purchase of motel rooms shall be in accordance with CONTRACTOR's P&P, as identified
2 in the Responsibilities Paragraph of this Exhibit A-1.

3 c. Interim Housing: For individuals who may benefit from an intermediate step between
4 shelter and permanent housing. Interim housing provides structures and programming in the context of
5 housing such as Board and Care or Room and Board. CONTRACTOR may look into housing options
6 such as master leasing.

7 d. Permanent Housing: Obtaining permanent housing is an overarching goal for all FSP
8 Clients. Permanent housing refers to housing where tenants have leases that confer the full rights,
9 responsibilities and legal protections under housing laws; and includes, but is not limited to, utilization
10 of Continuum of Care Vouchers and living independently in homes/apartments and County based
11 housing projects.

12 e. Residential Substance Use Treatment and Sober Living Homes as a housing option
13 shall be available when appropriate to provide the Clients with the highest probability of success
14 towards Recovery.

15 12. Integration and Linkage to Primary Care: CONTRACTOR shall work to provide every
16 Client with a Nursing Assessment, and linkage to a Primary Care Provider to meet the ongoing medical
17 needs of the Client. CONTRACTOR shall routinely coordinate care planning and treatment with the
18 primary care physician through obtaining records and consultation. CONTRACTOR shall provide
19 transportation to the Primary Care Provider when indicated.

20 13. Group Services: CONTRACTOR shall offer a variety of groups based on Client interest
21 and need, and may include, but not be limited to: Men's and Women's Groups, Relapse Prevention,
22 Recovery and Wellness, Life Skills, Coping Skills, etc.

23 14. Meaningful Community Roles: CONTRACTOR shall assist each Client to identify some
24 meaningful roles in his/her life that are separate from the mental illness. Clients need to see themselves
25 in "normal" roles such as employee, son, mother, and neighbor to successfully integrate into the
26 community. CONTRACTOR shall work with each Client to join the larger community and interact
27 with people who are unrelated to their mental illness.

28 15. Intensive Case Management Services: CONTRACTOR shall provide intensive case
29 management services which shall include a smaller caseload size, a team approach, an emphasis on
30 outreach and engagement, and an assertive approach to maintaining frequent contact with Clients. Daily
31 contact is often indicated during the initial enrollment and engagement period.

32 16. Rehabilitation Services and Therapy: CONTRACTOR shall provide rehabilitation services
33 to assist Clients to improve, maintain, or restore their functional skills such as daily living skills, social
34 and leisure skills, grooming and personal hygiene skills, meal preparation skills, support resources,
35 and/or medication education. Rehabilitation and therapy may be provided individually, in a group, or
36 with family members.

37 17. Trauma-Informed Care: CONTRACTOR shall incorporate a trauma-informed care

1 approach in the delivery of behavioral health services.

2 a. A trauma-informed approach includes an understanding of trauma and an awareness of
3 the impact it can have across settings, services, and populations; it involves viewing trauma through an
4 ecological and cultural lens and recognizing that context plays a significant role in how individuals
5 perceive and process traumatic events; and it involves four key elements:

6 1) Realizes the widespread impact of trauma and understands potential paths for
7 recovery;

8 2) Recognizes the signs and symptoms of trauma in clients, families, staff, and others
9 involved with the system;

10 3) Responds by fully integrating knowledge about trauma into policies, procedures,
11 and practices; and

12 4) Seeks to actively resist re-traumatization.

13 b. Trauma-informed care refers to a strengths-based service delivery approach that is
14 grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical,
15 psychological, and emotional safety for both providers and individuals served, and creates opportunities
16 for individuals served to rebuild a sense of control and empowerment. Trauma-informed care model is
17 built on the following core values and principles:

18 1) Safe, calm and secure environment with supportive care

19 2) System wide understanding of trauma prevalence, impact, and trauma-informed
20 care

21 3) Cultural competence

22 4) Consumer voice, choice and self-advocacy

23 5) Recovery, client-driven and trauma specific services

24 6) Healing, hopeful, honest and trusting relationships

25 c. CONTRACTOR shall plan for and employ strategies that reinforce a trauma-informed
26 culture. This includes focusing on organizational activities that foster the development of a trauma-
27 informed workforce, including recruiting, hiring, and retaining trauma-informed staff; providing training
28 on evidence-based and emerging trauma-informed best practices; developing competencies specific to
29 trauma-informed care; addressing ethical considerations; providing trauma-informed supervision; and
30 preventing and treating secondary trauma.

31 E. PROGRAM SPECIFIC SERVICES

32 1. CONTRACTOR shall coordinate Client's needs and services in accordance with the FSP
33 philosophies and "Whatever It Takes" approach, and Laura's Law and CARE Act by ensuring that
34 services ordered by the court are provided as required and in a timely manner.

35 2. CONTRACTOR shall work in a collaborative nature and create an environment that shall
36 involve all collaborative partners, such as but not limited to, Court Judge, County Counsel, Public
37 Defender's Office and the COUNTY's AOT/CARE Team. Examples of this collaboration include

1 responding promptly, conveying accurate information, and maintaining opportunities to consult about
2 cases.

3 3. CONTRACTOR's administrator, or designee, shall attend and participate in collaborative
4 team meetings every week with ADMINISTRATOR, County Counsel, and Public Defender.
5 CONTRACTOR shall be prepared with a write up of each Client being presented to the team. Each
6 Client shall be discussed to determine the best course of treatment and needs for court follow through.
7 Meetings shall be held to discuss coordinated supports, problem solve, and develop engagement
8 strategies, treatment maintenance, and graduation strategies.

9 4. CONTRACTOR shall work with Clients to remove any/all barriers to attend court hearings
10 and provide support through the court process. This may include but is not limited to providing
11 transportation, working with family members, individual counseling, or providing support by attending
12 court with the member and helping understand the court process.

13 5. COUNTY's AOT/CARE Team shall support engagement, conduct eligibility
14 determination, and facilitate linkage to CONTRACTOR.

15 6. CONTRACTOR shall coordinate engagement services and placement of Clients into the
16 FSP when Clients are identified and ready to be linked by the Court or COUNTY's AOT/CARE Team.

17 7. ADMINISTRATOR shall have monthly management meetings with CONTRACTOR who
18 shall report on program development, resources, housing, barriers and budgets.

19 8. CONTRACTOR shall receive referrals from the COUNTY's AOT/CARE team and shall
20 immediately begin engagement process with the Client.

21 9. CONTRACTOR shall coordinate with COUNTY, other providers, and community
22 resources.

23 10. CONTRACTOR shall provide culturally sensitive services in all threshold languages.
24 CONTRACTOR shall work with COUNTY or other interpreters for other languages as needed.

25 F. Discharge of Clients from the program shall be determined by the Clients' movement along the
26 recovery continuum and shall be a coordinated effort between ADMINISTRATOR and
27 CONTRACTOR.

28 G. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to
29 conduct research activity on COUNTY Clients without obtaining prior written authorization from
30 ADMINISTRATOR.

31 H. CONTRACTOR shall not conduct any proselytizing activities, regardless of funding sources,
32 with respect to any individual(s) who have been referred to CONTRACTOR by COUNTY under the
33 terms of the Contract. Further, CONTRACTOR agrees that the funds provided hereunder shall not be
34 used to promote, directly or indirectly, any religion, religious creed or cult, denomination or sectarian
35 institution, or religious belief.

36 I. CONTRACTOR shall have a commitment to meeting the required response times for hospitals
37 (twenty-four [24] hour response time), and other COUNTY institutions, e.g. jails or clinics (forty-eight

[48] hours). CONTRACTOR shall collaborate with these institutions to coordinate services and provide continuity of care.

J. CONTRACTOR shall have an identified individual who shall:

1. Complete one hundred percent (100%) chart review of Client charts regarding clinical documentation and ensure all charts are in compliance with medical necessity and Medi-Cal chart standards;

2. Provide clinical support and training to CONTRACTOR staff on chart documentation and treatment plans;

3. Become a certified chart reviewer by ADMINISTRATOR's Authority and Quality Improvement Services (AQIS) unit within six months from the start of the Contract;

4. Oversee all aspects of the clinical services of the recovery program;

5. Coordinate with in-house clinicians, medical director and/or nurse regarding Client treatment issues, professional consultations, or medication evaluations;

6. Review and approve all quarterly logs submitted to ADMINISTRATOR, i.e., medication monitoring, second opinion and request for change of CONTRACTOR; and

7. Participate in program development and discuss with other staff regarding difficult cases and psychiatric emergencies.

K. CONTRACTOR shall conduct Supervisory Reviews at a minimum of twice per week in accordance with procedures developed by ADMINISTRATOR. CONTRACTOR shall ensure that all chart documentation complies with all federal, state and local guidelines and standards. CONTRACTOR shall ensure that all chart documentation is completed within the appropriate timelines.

L. CONTRACTOR shall input all IRIS data following ADMINISTRATOR's P&Ps. All statistical data used to monitor CONTRACTOR shall be compiled using only IRIS reports, if available, and if applicable.

M. CONTRACTOR shall review Client charts ensuring compliance with ADMINISTRATOR's P&Ps and Medi-Cal documentation requirements.

N. CONTRACTOR shall ensure compliance with workload standards and productivity.

O. CONTRACTOR shall review and approve all admissions, transfers, discharges from the program and extended stays in the program.

P. CONTRACTOR shall submit corrective action plans upon request.

Q. CONTRACTOR shall comply with ADMINISTRATOR's guidelines and procedures.

R. CONTRACTOR shall provide a written copy of all assessments completed on Clients referred for admission.

S. CONTRACTOR shall utilize COUNTY PBM to supply medications for unfunded Clients.

T. CONTRACTOR shall have active participation in State and Regional MHSA forums and activities.

U. CONTRACTOR shall have ongoing collaboration with the Adult and Older Adult Performance

1 Outcomes and Data Office on MHSA countywide projects, as well as individual performance outcome
2 measures.

3 V. CONTRACTOR shall provide the NPP for COUNTY, as the MHP, at the time of the first
4 service provided under the Contract to individuals who are covered by Medi-Cal and have not
5 previously received services at a COUNTY operated clinic. CONTRACTOR shall also provide, upon
6 request, the NPP for COUNTY, as the MHP, to any individual who received services under the
7 Contract.

8 W. CONTRACTOR shall attend meetings as requested by COUNTY including but not limited to:

9 1. Case conferences, or other meetings, as requested by ADMINISTRATOR to address any
10 aspect of clinical care.

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

15 3. Collaborative meetings to address various aspects of Client care including but not limited
16 to: housing specialist meetings, vocational/educational specialist meetings, data meetings, etc.; and

17 4. Weekly staffing meetings with the collaborative team to discuss all issues pertaining to the
18 court process, including but not limited to: court orders, treatment compliance, interventions, etc.

19 X. CONTRACTOR shall develop all requested and required program specific P&Ps, and provide
20 to ADMINISTRATOR for review, input, and approval prior to training staff on said P&Ps and prior to
21 accepting any Client admissions to the program. All P&Ps and program guidelines shall be reviewed bi-
22 annually at a minimum for updates. Policies shall include, but not be limited to, the following:

- 23 1. Admission Criteria and Admission Procedure
- 24 2. Assessments and Individual Service Plans
- 25 3. Crisis Intervention/Evaluation for Involuntary Holds
- 26 4. Handling Non-Compliant Clients/Unplanned Discharges
- 27 5. Medication Management and Medication Monitoring
- 28 6. Community Integration/Case Management/Discharge Planning
- 29 7. Documentation Standards
- 30 8. Quality Management/Performance Outcomes
- 31 9. Personnel/In-service Training
- 32 10. Unusual Occurrence Reporting
- 33 11. Code of Conduct/Compliance/HIPAA standards and Compliance
- 34 12. Mandated Reporting

35 Y. CONTRACTOR shall provide initial and on-going training and staff development that includes,
36 but is not limited to, the following:

- 37 1. Orientation to the program's goals and P&Ps, and FSP program philosophies

2. Training on subjects as required by State regulations
3. Recovery philosophy, client empowerment and strength-based services
4. Crisis intervention and de-escalation
5. Co-occurring mental illness and substance use disorder
6. Motivational interviewing
7. EBPs that support recovery
8. Outreach and engagement
9. Trauma-informed care
10. Professional Boundaries
11. Cultural Competency
12. Critical Time Intervention
13. Housing First
14. Other clinical staff training

Z. CONTRACTOR shall provide effective Administrative management of the budget, staffing, recording, and reporting portion of the Contract with COUNTY, including but not limited to the following. If administrative responsibilities are delegated to subcontractors, CONTRACTOR must ensure that any subcontractor(s) possesses the qualifications and capacity to perform all delegated responsibilities.

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

AA. CONTRACTOR shall ensure that all chart documentation complies with all federal, state and local guidelines and standards. CONTRACTOR shall ensure that all chart documentation is completed within the appropriate timelines.

AB. CONTRACTOR shall establish a written smoking policy, which shall be reviewed and approved by ADMINISTRATOR that specifies designated areas as the only areas where smoking is permitted.

AC. CONTRACTOR shall ensure that generalized good neighbor practices for services and facility are in place and include:

1. Property maintenance and appearance (minimizing trash around facility grounds)
2. Noise level guidelines
3. Community safety
4. Congregation guidelines

AD. PERFORMANCE OUTCOMES - CONTRACTOR shall be required to achieve Performance Outcome Objectives and track and report Performance Outcome Objective statistics in monthly programmatic reports, as outlined below.

1. At least 80% of Clients served will not require psychiatric hospitalization.
2. At least 80% of Clients served will remain sheltered (not experience unsheltered homelessness).
3. At least 80% of Clients served will remain out of custody.
4. At least 80% of Clients served will have no arrests.
5. Listed above are the outcome measures by which the effectiveness of CONTRACTOR's program shall be evaluated. It is the responsibility of CONTRACTOR to educate itself with best practices and those associated with attainment of higher levels of Recovery.
6. CONTRACTOR shall develop, in conjunction with ADMINISTRATOR and Data Analytics, additional performance measures/outcomes as needed.

~~AD. PERFORMANCE OUTCOMES - CONTRACTOR shall be required to achieve Performance Outcome Objectives and track and report Performance Outcome Objective statistics in monthly programmatic reports, as outlined below.~~

- ~~1. At least 80% of Clients served will not require psychiatric hospitalization.~~
- ~~2. At least 80% of Clients served will remain sheltered (not experience unsheltered homelessness).~~
- ~~3. At least 80% of Clients served will remain out of custody.~~
- ~~4. At least 80% of Clients served will have no arrests.~~
- ~~5. CONTRACTOR shall track and monitor the number of Clients receiving services (mental health services, intensive case management, housing, and vocational) through number of Clients admitted and engaged into services.~~
- ~~6. CONTRACTOR shall track the number of days Clients are hospitalized and make every effort to reduce them through services provided in the Contract.~~
- ~~7. CONTRACTOR shall track the number of days Clients are incarcerated and make every effort to reduce them through services provided in the Contract.~~
- ~~8. CONTRACTOR shall track the number of days Clients are homeless and living on the streets and make every effort to reduce them through services provided in the Contract.~~
- ~~9. CONTRACTOR shall track the number of Clients gainfully employed and make every effort to increase them through services provided in the Contract.~~
- ~~10. CONTRACTOR shall track the number of days Clients are receiving emergency~~

interventions and make every effort to reduce them through services provided in the Contract.

~~11. CONTRACTOR shall track the number of arrests per Client and make every effort to reduce them through services provided in the Contract.~~

~~12. CONTRACTOR shall track the number of days Clients are placed in independent living and make every effort to increase them through services provided in the Contract.~~

~~13. Listed above are the outcome measures by which the effectiveness of CONTRACTOR's program shall be evaluated. It is the responsibility of CONTRACTOR to educate itself with best practices and those associated with attainment of higher levels of Recovery.~~

~~14. CONTRACTOR shall track the number of Clients at various stages on the MORS.~~

~~15. CONTRACTOR shall track the number of Clients who reach their employment and/or educational goals.~~

~~16. CONTRACTOR shall track the number of Clients successfully discharged to a lower level of care.~~

~~17. CONTRACTOR shall track number of Clients assessed for co-occurring mental health and substance use disorder.~~

~~18. CONTRACTOR shall develop, in conjunction with ADMINISTRATOR and Data Analytics, additional performance measures/outcomes as needed.~~

AE. CLIENT DEMOGRAPHICS AND OTHER STATISTICS – CONTRACTOR shall track and report on Client demographics and other statistics including but not limited to:

1. The total number of Clients referred to and enrolled in services.

2. The total number of duplicated and unduplicated Clients served.

3. The total number of Clients discharged from services, reason for discharge and the length of stay for each Client in the program.

4. CONTRACTOR shall track and monitor the number of Clients receiving services (mental health services, intensive case management, housing, and vocational) through number of Clients admitted and engaged into services.

5. CONTRACTOR shall track the number of days Clients are hospitalized and make every effort to reduce them through services provided in the Contract.

6. CONTRACTOR shall track the number of days Clients are incarcerated and make every effort to reduce them through services provided in the Contract.

7. CONTRACTOR shall track the number of days Clients are homeless and living on the streets and make every effort to reduce them through services provided in the Contract.

8. CONTRACTOR shall track the number of Clients gainfully employed and make every effort to increase them through services provided in the Contract.

9. CONTRACTOR shall track the number of days Clients are receiving emergency interventions and make every effort to reduce them through services provided in the Contract.

10. CONTRACTOR shall track the number of arrests per Client and make every effort

to reduce them through services provided in the Contract.

11. CONTRACTOR shall track the number of days Clients are placed in independent living and make every effort to increase them through services provided in the Contract.

12. CONTRACTOR shall track the number of Clients at various stages on the MORS.

13. CONTRACTOR shall track the number of Clients who reach their employment and/or educational goals.

14. CONTRACTOR shall track the number of Clients successfully discharged to a lower level of care.

15. CONTRACTOR shall track number of Clients assessed for co-occurring mental health and substance use disorder.

16. CONTRACTOR shall develop, in conjunction with ADMINISTRATOR and Data Analytics, additional Client Demographics and other statistics as needed.

~~—AE. CLIENT DEMOGRAPHICS AND OTHER STATISTICS—CONTRACTOR shall track and report on Client demographics and other statistics including but not limited to:~~

~~—— 1. The total number of Clients referred to and enrolled in services.~~

~~—— 2. The total number of duplicated and unduplicated Clients served.~~

~~—— 3. The total number of Clients discharged from services, reason for discharge and the length of stay for each Client in the program.~~

AF. DATA CERTIFICATION – CONTRACTOR shall certify the accuracy of their outcome data. Outcome data entered into an approved data collection system that is submitted to COUNTY detailing the PAF, 3M's, KET data and complete Client database must be certified with the submission of their monthly data. Submissions shall be uploaded to an approved Secure File Transfer Protocol site and include four (4) files. The first shall be a copy of current database; the following three shall be XML formatted files for submission to the State DCR.

1. DATA - If CONTRACTOR's current database copy cannot be submitted via Microsoft Access file format, the data must be made available in an HCA approved database file type. The data collection system used must be approved by ADMINISTRATOR in order to meet COUNTY reporting needs. CONTRACTOR must also provide a separate file comprised of required data elements that are provided by COUNTY. If CONTRACTOR's system is web-based, CONTRACTOR shall allow ADMINISTRATOR accessibility for monitoring and reporting (access shall allow accessibility to view, run, print, and export Client records/reports).

a. CONTRACTOR shall track and report Performance Outcome Measures as required by State, COUNTY, and/or MHSA.

b. CONTRACTOR shall collaborate with Data Analytics to fulfill data requests by ADMINISTRATOR for State, COUNTY, and/or MHSA reporting.

c. CONTRACTOR shall cooperate in data collection as required by ADMINISTRATOR to report on other performance areas including, but not limited to, Client satisfaction, length of stay, and

1 duration of services.

2 2. TRANSFER UTILITY - CONTRACTOR shall ensure that the data collection system has
3 the ability to export data and import data from other data systems used by existing FSP
4 CONTRACTORS to allow for Client transfers. Data must include PAF, 3M's and KET's.

5 a. CONTRACTOR shall coordinate with Data Analytics and the FSP Coordination Office
6 for transfers between FSPs and adhere to COUNTY's transfer guidelines to ensure compliance with
7 MHSA requirements.

8 AG. DATA CERTIFICATION - POLICIES AND PROCEDURES AND DATA COLLECTION

9 1. CONTRACTOR shall develop a P&P, or revise the existing P&P, regarding Data
10 Certification and submit to ADMINISTRATOR no later than twenty (20) calendar days from the start of
11 the Contract.

12 2. ADMINISTRATOR and CONTRACTOR shall finalize and approve the P&P, in writing,
13 no later than thirty (30) calendar days from the start of the Contract. If the Data Certification P&P has
14 not been approved after thirty (30) days from the start of the Contract, the Certification of Accuracy of
15 Data form cannot be submitted to, or accepted by ADMINISTRATOR, and CONTRACTOR may be
16 deemed out of compliance with the terms and conditions of the Contract.

17 3. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of the
18 Data Certification P&P. CONTRACTOR shall provide signature confirmation of the Data Certification
19 P&P training for each staff member that utilizes enters, reviews, or analyzes the data.

20 4. CONTRACTOR shall have an identified individual who shall:

21 a. Review the approved data collection database for accuracy and to ensure that each field
22 is completed;

23 b. Develop processes to ensure that all required data forms are completed and updated
24 when appropriate;

25 c. Review the approved data collection system reports to identify trends, gaps and quality
26 of care;

27 d. Submit monthly approved data collection system reports to ADMINISTRATOR by the
28 tenth (10th) of every month for review and return within two (2) weeks with identified corrections;

29 e. Submit quarterly data to ADMINISTRATOR with verification that outcome data is
30 correct;

31 f. Ensure monthly evaluation of Clients using MORS and enter the MORS score into
32 approved data collection system. The score rating for each individual member shall be entered under
33 the clinical assessment tools; and

34 g. Complete, sign and submit the Data Certification Form to ADMINISTRATOR by the
35 tenth (10th) calendar day of every month.

36 AH. ADDITIONAL DATA FOR COURT ORDERED CASES

37 1. CONTRACTOR shall track and provide the following data to ADMINISTRATOR for the

1 Department of Health Care Services (DHCS) reporting requirements:

- 2 a. The number of persons served by the program and, of those, the number who are able
- 3 to maintain housing and the number who maintain contact with the treatment system.
- 4 b. The number of persons in the program with contacts with local law enforcement and
- 5 the extent to which local and state incarceration of persons in the program has been reduced or avoided.
- 6 c. The number of persons in the program participating in employment services programs,
- 7 including competitive employment.
- 8 d. The days of hospitalization of persons in the program that have been reduced or
- 9 avoided.
- 10 e. Adherence to prescribed treatment by persons in the program.
- 11 f. Other indicators of successful engagement, if any, by persons in the program.
- 12 g. Victimization of persons in the program.
- 13 h. Violent behavior of persons in the program.
- 14 i. Substance abuse by persons in the program.
- 15 j. Type, intensity, and frequency of treatment of persons in the program.
- 16 k. Extent to which enforcement mechanisms are used by the program, when applicable.
- 17 l. Social functioning of persons in the program.
- 18 m. Skills in independent living of persons in the program.
- 19 n. Satisfaction with program services both by those receiving them and by their families,
- 20 when relevant.

21 2. For all Clients transferring from the program's Voluntary Track to the Court Track,

22 CONTRACTOR shall submit a new PAF that includes twelve (12) months data prior to the enrollment

23 date into the Court Track. This is required for DHCS reporting.

24 3. For all Clients transferring from another FSP to AOT FSP's Court Track, CONTRACTOR

25 shall submit a new PAF that includes twelve (12) months data prior to the enrollment date into the Court

26 Track.

27 4. For Clients transferring from the program's Court Track to Voluntary Track,

28 CONTRACTOR shall track and report to ADMINISTRATOR the reason for the transfer.

29 ADMINISTRATOR shall provide AOT FSP with a list of reasons to report.

30 AI. CONTRACTOR shall provide appropriate and timely written Notice of Adverse Benefit

31 Determination (NOABD) to notify Medi-Cal Beneficiaries and ADMINISTRATOR when services are

32 denied, reduced, or terminated as specified by State standards. CONTRACTOR shall review these

33 standards to determine the appropriate timeline for disenrollment of services. The NOABD must

34 provide the adverse benefit determination made by CONTRACTOR as well as a clear and concise

35 explanation of the reason(s) for the decision within the timeframe specified. CONTRACTOR shall

36 provide appropriate NOABD as determined by State standards. Examples include but are not limited to:

- 37 1. Termination NOABD: If a beneficiary drops out of treatment, is missing, or admitted to an

1 institution where he or she is ineligible for further services (e.g., long term incarceration or
2 hospitalization).

3 2. Delivery Systems NOABD: If a beneficiary does not meet medical necessity criteria for
4 specialty mental health services, CONTRACTOR shall provide a Delivery Systems NOABD and offer
5 referrals to the appropriate services.

6 AJ. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
7 Services Paragraph of this Exhibit A-1 to the Contract.

8 9 **XII. STAFFING**

10 A. CONTRACTOR shall include bilingual/bicultural services to meet the needs of threshold
11 languages as determined by COUNTY. Whenever possible, bilingual/bicultural staff should be retained.
12 CONTRACTOR shall draw upon cultural strengths and utilize service delivery and assistance in a
13 manner that is trusted by, and familiar to, many of COUNTY's ethnically and culturally diverse
14 populations. Cultural and linguistic appropriateness shall be a continuous focus in the development of
15 the programming, recruitment, and hiring of staff that speak the same language and have the same
16 cultural background of the Clients to be serviced. This inclusion of COUNTY's multiple cultures will
17 assist in maximizing access to services. CONTRACTOR shall provide education and training to staff to
18 address cultural and linguistic needs of population served. Any clinical vacancies occurring at a time
19 when bilingual and bicultural composition of the clinical staffing does not meet the above requirement
20 must be filled with bilingual and bicultural staff unless ADMINISTRATOR consents, in writing, to the
21 filling of those positions with non-bilingual staff. Salary savings resulting from such vacant positions
22 may not be used to cover costs other than salaries and employees benefits unless otherwise authorized in
23 writing, in advance, by ADMINISTRATOR.

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

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

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

35 E. CONTRACTOR shall ensure that all staff, including interns and volunteers, are trained and
36 have a clear understanding of all P&Ps. CONTRACTOR shall provide signature confirmation of the
37 P&P training for each staff member and place it in their personnel files.

F. CONTRACTOR shall ensure that all staff complete COUNTY's Annual Provider Training, Annual Compliance Training, and Annual Cultural Competency Training. CONTRACTOR shall also ensure staff are trained on Laura's Law and CARE Act as well as best practices for treatment of individuals served with serious mental illness, specifically those diagnosed with schizophrenia spectrum and other psychotic disorders.

G. CONTRACTOR shall ensure compliance with ADMINISTRATOR Standards of Care practices, P&Ps, documentation standards and any state and federal regulatory requirements.

H. COUNTY shall provide, or cause to be provided, training and ongoing consultation to CONTRACTOR's staff to assist CONTRACTOR in ensuring compliance with ADMINISTRATOR Standards of Care practices, P&P's, documentation standards and any state and federal regulatory requirements.

I. All CONTRACTOR staff must have an initial Department of Justice Live Scan prior to hire, and updated annual criminal checks through the internet, utilizing Megan's Law, Orange County Sheriff's, and Orange County Superior Courts. Staff may be hired temporarily pending Live Scan results as long as all the internet checks have been completed and are acceptable.

J. CONTRACTOR shall identify staff to receive jail clearance for the purpose of engaging and enrolling Clients into the program as needed.

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

<u>Period Three & Four</u>	
<u>DIRECT ADMINISTRATION</u>	<u>FTE</u>
<u>HR Generalist</u>	<u>0.09</u>
<u>Regional IS Business Manager</u>	<u>0.05</u>
<u>Regional IT Support Analyst</u>	<u>0.03</u>
<u>PROGRAM</u>	
<u>Billing Specialist</u>	<u>2.00</u>
<u>Regional Director of Operations</u>	<u>0.22</u>
<u>Program Administrator</u>	<u>1.00</u>
<u>Clinical Director</u>	<u>1.00</u>
<u>Data Analysis Specialist</u>	<u>1.00</u>
<u>Receptionist/Medical Records Tech</u>	<u>1.00</u>
<u>Quality Coordinator/Trainer</u>	<u>1.00</u>
<u>Office Coordinator II</u>	<u>1.00</u>
<u>Case Manager II</u>	<u>2.00</u>
<u>Mental Health Rehabilitation Specialist</u>	<u>11.00</u>

1	<u>Case Manager- Housing Specialist</u>	<u>2.00</u>
2	<u>Case Manager – Specialty</u>	<u>1.00</u>
3	<u>Peer Recovery Coach</u>	<u>2.00</u>
4	<u>Clinician – Unlicensed</u>	<u>2.00</u>
5	<u>Peer Team Lead</u>	<u>1.00</u>
6	<u>Team Lead – Licensed</u>	<u>2.00</u>
7	<u>LVN</u>	<u>2.00</u>
8	<u>Case Manager – Substance Use Counselor</u>	<u>2.00</u>
9	<u>Nurse Practitioner</u>	<u>1.00</u>
10	<u>Psychiatrist (Subcontractor)</u>	<u>0.50</u>
11	<u>PERIOD THREE AND FOUR TOTAL FTE</u>	<u>36.89</u>
12		
13	<u>Period Five</u>	
14	<u>DIRECT ADMINISTRATION</u>	<u>FTE</u>
15	<u>HR Generalist</u>	<u>0.09</u>
16	<u>Regional IS Business Manager</u>	<u>0.05</u>
17	<u>Regional IT Support Analyst</u>	<u>0.03</u>
18	<u>PROGRAM</u>	
19	<u>Billing Specialist</u>	<u>2.00</u>
20	<u>Regional Director of Operations</u>	<u>0.22</u>
21	<u>Program Administrator</u>	<u>1.00</u>
22	<u>Clinical Director</u>	<u>1.00</u>
23	<u>Data Analysis Specialist</u>	<u>1.00</u>
24	<u>Receptionist/Medical Records Tech</u>	<u>1.00</u>
25	<u>Quality Coordinator/Trainer</u>	<u>1.00</u>
26	<u>Office Coordinator II</u>	<u>1.00</u>
27	<u>Case Manager II</u>	<u>2.00</u>
28	<u>Mental Health Rehabilitation Specialist</u>	<u>11.00</u>
29	<u>Case Manager- Housing Specialist</u>	<u>2.00</u>
30	<u>Case Manager – Specialty</u>	<u>1.00</u>
31	<u>Peer Recovery Coach</u>	<u>2.00</u>
32	<u>Clinician – Unlicensed</u>	<u>2.00</u>
33	<u>Peer Team Lead</u>	<u>1.00</u>
34	<u>Team Lead – Licensed</u>	<u>2.00</u>
35	<u>LVN</u>	<u>2.00</u>
36	<u>Case Manager – Substance Use Counselor</u>	<u>2.00</u>
37	<u>Nurse Practitioner</u>	<u>1.00</u>

Psychiatrist (Subcontractor)1.00PERIOD FIVE TOTAL FTE37.39

~~K. CONTRACTOR shall, at a minimum, provide the following staffing pattern expressed in FTEs continuously throughout the term of the Contract. One (1) FTE will be equal to an average of forty (40) hours of work per week.~~

PROGRAM	FTE
Regional Director of Operations	0.22
Program Administrator	1.00
Clinical Director	1.00
Case Manager Specialty	1.00
Case Manager Substance Use Counselor	2.00
Billing Specialist	2.00
Case Manager II	2.00
Clinician Unlicensed/Licensed	2.00
Data Analysis Specialist	1.00
Housing Specialist	2.00
HR Generalist	0.09
LVN	2.00
Mental Health Rehabilitation Specialist	11.00
Nurse Practitioner	1.00
Office Coordinator II	1.00
Peer Recovery Coach	2.00
Quality Coordinator/Trainer	1.00
Peer Team Lead	1.00
Receptionist/Medical Record Technician	1.00
Regional IS Business Services Manager	0.05
Regional IT Support Analyst	0.03
Team Lead Unlicensed/Licensed	2.00
Psychiatrist Subcontractor	1.00
TOTAL CONTRACT FTEs	37.39

L. WORKLOAD STANDARDS

1. One (1) DSH will be equal to sixty (60) minutes of direct service.
2. CONTRACTOR shall provide an average of one hundred (100) DSHs per month or one thousand two hundred (1,200) DSHs per year per FTE of direct clinician time which shall include Mental Health, Case Management, Crisis Intervention, and Medication Management Services.

CONTRACTOR understands and agrees that this is a minimum standard and shall make every effort to exceed this minimum, unless otherwise approved by ADMINISTRATOR.

3. CONTRACTOR shall provide a minimum of twenty-five thousand eight hundred seventy-five (25,875) direct services hours for Client related services, with a minimum of two thousand two hundred fifty (2,250) hours of medication support services and twenty-three thousand six hundred twenty-five (23,625) hours of other mental health, case management and/or crisis intervention services in Period Three as outlined below. CONTRACTOR shall provide a minimum of twenty-five thousand eight hundred seventy-five (25,875) direct services hours for Client related services, with a minimum of two thousand two hundred fifty (2,250) hours of medication support services and twenty-three thousand six hundred twenty-five (23,625) hours of other mental health, case management and/or crisis intervention services in Period Four as outlined below. CONTRACTOR shall provide a minimum of twenty-seven thousand (27,000) direct services hours for Client related services, with a minimum of two thousand four hundred (2,400) hours of medication support services and twenty-four thousand six hundred (24,600) hours of other mental health, case management and/or crisis intervention services in Period Five as outlined below.

~~3. CONTRACTOR shall provide a minimum of twenty five thousand eight hundred seventy five (25,875) direct service hours for Client related services, with a minimum of two thousand two hundred fifty (2,250) hours of medication support services and twenty three thousand six hundred twenty five (23,625) hours of other mental health, case management and/or crisis intervention services as outlined below. CONTRACTOR understands and agrees that these are minimum requirements and shall make every effort to exceed these minimums. CONTRACTOR shall monitor staff productivity and establish expectations, in consultation with COUNTY, in order to maximize the utilization of services and demonstrate efficient and effective management of program staff and resources.~~

4. CONTRACTOR shall maintain an active and ongoing caseload of one hundred fifty (150) Clients (100 AOT and 50 CARE Act) throughout the term of the Contract. CONTRACTOR shall ensure a Client-to-staff ratio of ten (10) to one (1).

M. CONTRACTOR shall ensure staffing levels and qualifications shall meet the requirements as stated in CCR: Title 9 - Rehabilitative and Developmental Services, Division 1.

N. CONTRACTOR shall recruit, hire, train, and maintain staff who are individuals in recovery. These individuals shall not be currently receiving services directly from CONTRACTOR. Documentation may include, but not be limited to, the following: records attesting to efforts made in recruitment and hiring practices and identification of measures taken to enhance accessibility for potential staff in these categories.

O. All approved clinical staff who meet qualifications shall be designated by COUNTY to perform evaluations pursuant to Section 5150, WIC.

P. CONTRACTOR shall provide clinical supervision for all registered/waivered employees, interns and volunteers as required by the respective governing licensing board such as BBS. Clinical

1 supervision shall be provided by a qualified Licensed Mental Health Professionals (LMHP) within the
2 same legal entity and be documented for all registered/waivered employees, interns and volunteers.

3 Q. CONTRACTOR may augment paid staff with volunteers or interns upon written approval of
4 ADMINISTRATOR.

5 1. CONTRACTOR shall provide supervision to volunteers as specified in the respective job
6 descriptions or work contracts.

7 2. An intern is an individual enrolled in an accredited graduate program accumulating
8 clinically supervised work experience hours as part of field work, internship, or practicum requirements.
9 Acceptable graduate programs include all programs that assist the student in meeting the educational
10 requirements in becoming a LMFT, a LCSW, LPCC or a licensed Clinical Psychologist.

11 3. Volunteer and student intern services shall not comprise more than twenty percent (20%) of
12 total services provided.

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

17 S. All HIPAA covered healthcare providers, individuals and organizations must obtain a NPI for
18 use to identify themselves in HIPAA standard transactions. The NPI is assigned for life.

19 T. CONTRACTOR, including each employee that provides services under the Contract, shall
20 obtain a NPI upon commencement of the Contract or prior to providing services under the Contract.
21 CONTRACTOR shall report to ADMINISTRATOR, on a form approved or supplied by
22 ADMINISTRATOR, all NPI as soon as they are available.

23 U. TOKENS: ADMINISTRATOR shall provide CONTRACTOR the necessary number of Tokens
24 for appropriate individual staff to access HCA IRIS at no cost to CONTRACTOR.

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

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

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

31 4. CONTRACTOR shall return to ADMINISTRATOR all Tokens under the following
32 conditions:

- 33 a. Each staff member who no longer supports the Contract;
- 34 b. Each staff member who no longer requires access to IRIS;
- 35 c. Each staff member who leaves employment of CONTRACTOR;
- 36 d. Token is malfunctioning; or
- 37 e. Termination of this Contract.

1 5. ADMINISTRATOR shall issue Tokens for CONTRACTOR's staff members who require
2 access to the IRIS upon initial training or as a replacement for malfunctioning Tokens.

3 6. CONTRACTOR shall reimburse COUNTY for Tokens lost, stolen, or damaged through
4 acts of negligence.

5 V. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
6 Staffing Paragraph of this Exhibit A-1 to the Contract.

EXHIBIT B
TO CONTRACT FOR PROVISION OF
ASSISTED OUTPATIENT TREATMENT FULL SERVICE PARTNERSHIP SERVICES
BETWEEN
COUNTY OF ORANGE
AND
TELECARE CORPORATION
JULY 1, 2021 THROUGH JUNE 30, ~~2024~~ 2026

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~~ Exhibit A-1 to the Contract 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 Contract 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 Contract, 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 Contract.

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 Contract in compliance with the applicable standards, implementation specifications, and requirements of HIPAA, the HITECH Act, and the HIPAA regulations as they may exist now or be hereafter amended.

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

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

1 //

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

4 B. DEFINITIONS

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

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

10 a. Breach excludes:

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

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

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

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

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

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

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

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

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

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

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

37 6. "Health Care Operations" shall have the meaning given to such term under the HIPAA

1 Privacy Rule in 45 CFR § 164.501.

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

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

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

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

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

14 12. "Secretary" shall mean the Secretary of the Department of HHS or his or her designee.

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

20 14. "The HIPAA Security Rule" shall mean the Security Standards for the Protection of ePHI at
21 45 CFR Part 160, Part 162, and Part 164, Subparts A and C.

22 15. "Subcontractor" shall have the meaning given to such term under the HIPAA regulations in
23 45 CFR § 160.103.

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

26 17. "Unsecured PHI" or "PHI that is unsecured" means PHI that is not rendered unusable,
27 unreadable, or indecipherable to unauthorized individuals through the use of a technology or
28 methodology specified by the Secretary of HHS in the guidance issued on the 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 Contract, to prevent use or disclosure of PHI COUNTY discloses to
37 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY

1 other than as provided for by this Business Associate Contract.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 D. SECURITY RULE

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

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

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

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

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

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

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

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

36 6. CONTRACTOR shall designate a Security Officer to oversee its data security program who
37 shall be responsible for carrying out the requirements of this paragraph and for communicating on

1 security matters with COUNTY.

2 E. DATA SECURITY REQUIREMENTS

3 1. Personal Controls

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

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

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

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

29 2. Technical Security Controls

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

35 b. Server Security. Servers containing unencrypted PHI COUNTY discloses to
36 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
37 must have sufficient administrative, physical, and technical controls in place to protect that data, based

1 upon a risk assessment/system security review.

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

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

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

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

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

33 1) Upper case letters (A-Z)

34 2) Lower case letters (a-z)

35 3) Arabic numerals (0-9)

36 4) Non-alphanumeric characters (punctuation symbols)

37 h. Data Destruction. When no longer needed, all PHI COUNTY discloses to

1 CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of COUNTY
2 must be wiped using the Gutmann or US DoD 5220.22-M (7 Pass) standard, or by degaussing. Media
3 may also be physically destroyed in accordance with NIST Special Publication 800-88. Other methods
4 require prior written permission by COUNTY.

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

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

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

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

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

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

34 3. Audit Controls

35 a. System Security Review. CONTRACTOR must ensure audit control mechanisms that
36 record and examine system activity are in place. All systems processing and/or storing PHI COUNTY
37 discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on behalf of

COUNTY must have at least an annual system risk assessment/security review which provides assurance that administrative, physical, and technical controls are functioning effectively and providing adequate levels of protection. Reviews should include vulnerability scanning tools.

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

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

4. Business Continuity/Disaster Recovery Control

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

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

5. Paper Document Controls

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

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

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

d. Removal of Data. PHI COUNTY discloses to CONTRACTOR or CONTRACTOR

creates, receives, maintains, or transmits on behalf of COUNTY must not be removed from the premises of the CONTRACTOR except with express written permission of COUNTY.

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

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

F. BREACH DISCOVERY AND NOTIFICATION

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

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

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

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

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

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

b. Any other information that COUNTY is required to include in the notification to Individual under 45 CFR §164.404 (c) at the time CONTRACTOR is required to notify COUNTY or promptly thereafter as this information becomes available, even after the regulatory sixty (60) day period set forth in 45 CFR § 164.410 (b) has elapsed, including:

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

2) A description of the types of Unsecured PHI that were involved in the Breach (such

as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);

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

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

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

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

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

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

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

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

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

G. PERMITTED USES AND DISCLOSURES BY CONTRACTOR

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

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

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

7 1) The Disclosure is required by law; or

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

13 c. CONTRACTOR may use or further disclose PHI COUNTY discloses to
14 CONTRACTOR to provide Data Aggregation services relating to the Health Care Operations of
15 CONTRACTOR.

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

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

20 4. CONTRACTOR may use or disclose PHI COUNTY discloses to CONTRACTOR as
21 required by law.

22 H. PROHIBITED USES AND DISCLOSURES

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

28 2. CONTRACTOR shall not directly or indirectly receive remuneration in exchange for PHI
29 COUNTY discloses to CONTRACTOR or CONTRACTOR creates, receives, maintains, or transmits on
30 behalf of COUNTY, except with the prior written consent of COUNTY and as permitted by 42 USC §
31 17935(d)(2).

32 I. OBLIGATIONS OF COUNTY

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

36 2. COUNTY shall notify CONTRACTOR of any changes in, or revocation of, the permission
37 by an Individual to use or disclose his or her PHI, to the extent that such changes may affect

1 CONTRACTOR's Use or Disclosure of PHI.

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

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

7 J. BUSINESS ASSOCIATE TERMINATION

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

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

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

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

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

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

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

27 3. The obligations of this Business Associate Contract shall survive the termination of the
28 Contract.

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EXHIBIT C
TO CONTRACT FOR PROVISION OF
ASSISTED OUTPATIENT TREATMENT FULL SERVICE PARTNERSHIP SERVICES
BETWEEN
COUNTY OF ORANGE
AND
TELECARE CORPORATION
JULY 1, 2021 THROUGH JUNE 30, ~~2024~~ 2026

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 Contract on behalf of the COUNTY.

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

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

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

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

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

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

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

7 B. TERMS OF CONTRACT

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

12 2. Responsibilities of CONTRACTOR

13 CONTRACTOR agrees:

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

17 b. Safeguards. To implement appropriate and reasonable administrative, technical, and
18 physical safeguards to protect the security, confidentiality and integrity of DHCS PI and PII, to protect
19 against anticipated threats or hazards to the security or integrity of DHCS PI and PII, and to prevent use
20 or disclosure of DHCS PI or PII other than as provided for by this Personal Information Privacy and
21 Security Contract. CONTRACTOR shall develop and maintain a written information privacy and
22 security program that include administrative, technical and physical safeguards appropriate to the size
23 and complexity of CONTRACTOR's operations and the nature and scope of its activities, which
24 incorporate the requirements of Subparagraph c. below. CONTRACTOR will provide COUNTY with
25 its current policies upon request.

26 c. Security. CONTRACTOR shall ensure the continuous security of all computerized
27 data systems containing DHCS PI and PII. CONTRACTOR shall protect paper documents containing
28 DHCS PI and PII. These steps shall include, at a minimum:

29 1) Complying with all of the data system security precautions listed in Subparagraph
30 E. of the Business Associate Contract, Exhibit B to the Contract; and

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

35 3) If the data obtained by CONTRACTOR from COUNTY includes PII,
36 CONTRACTOR shall also comply with the substantive privacy and security requirements in the
37 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 Contract 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 Contract, 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 Contract.

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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