

**CONTRACT FOR SERVICES
PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES**

DESCRIPTION: Specialty Mental Health/Crisis/Child Welfare Services
CONTRACT NO. **HHS000495**
BEGINS: July 1, 2022
ENDS: June 30, 2023
ADMINISTERING AGENCY: Health and Human Services, Adult System of Care/Human Services

This is an Agreement made and operative as of the 1st day of July, 2022, between the COUNTY OF PLACER, through its Health and Human Services Department, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and **Sierra Mental Wellness Group**, a California non-profit corporation, hereinafter referred to as "CONTRACTOR."

WHEREAS, COUNTY in accordance with California Welfare and Institutions Code Section 5150, has designated CONTRACTOR to perform Emergency Assessments for involuntary detention of mentally disordered persons, and

WHEREAS, CONTRACTOR is an experienced duly licensed and qualified to provide mental health services, and has agreed to provide services to assist in this venture as outlined below, and

WHEREAS, the parties wish to enter into this Agreement to provide a full and complete statement of their respective responsibilities in connection with the recitals set forth above,

NOW, THEREFORE, in consideration of the mutual covenants and agreements of this Agreement, the parties hereby agree as follows:

1. **SERVICES:** CONTRACTOR agrees to provide COUNTY with comprehensive specialty mental health services, as set forth in Exhibit A, titled Scope of Services, attached hereto and incorporated herein by this reference
2. **AMENDMENTS:** This Agreement constitutes the entire Agreement between the parties. Any amendments or changes to this Agreement, including attachments, shall be agreed to in writing, specifying the change(s) and the effective date(s) and shall be executed by duly authorized representatives of both parties. However, in no event shall such amendments create additional liability to COUNTY or provide additional payment to CONTRACTOR except as expressly set forth in this or the amended Agreement.
3. **PAYMENT:** COUNTY will pay to CONTRACTOR as full payment for all services rendered pursuant to this Agreement in the amount set forth in Exhibit B, titled Payment Provisions, attached hereto. The payment specified in Exhibit B shall be the only payment made to CONTRACTOR for services rendered pursuant to this Agreement. The total amount of this contract and payments made under this Agreement shall not exceed **TWO HUNDRED THOUSAND DOLLARS (\$200,000)**. This payment amount shall be inclusive of all CONTRACTOR costs, including, but not limited to travel, transportation, lodging, meals, supplies, and incidental expenses except as otherwise might be specifically set forth in this Agreement. CONTRACTOR shall charge for travel according to the Federal General Services Administration (GSA) guidelines.
4. **OMB 2 CFR Part 200:** Except for agreements that are straight hourly rate or fee for services contracts not built on a submitted Budget, all components of payment billed to COUNTY will be calculated in accordance with the Office of Management and Budget (OMB) 2 CFR Part 200.
5. **INVOICES:**
 - 5.1. CONTRACTOR shall provide invoices to the COUNTY on a monthly basis, within 30 calendar days of the close of each calendar month with the exception of June billing. For all contracts, invoices for services provided during the month of June shall be received by COUNTY by 5:00 p.m. on July 15th. Exhibit B, titled Payment Provisions shall indicate if this contract is

reimbursed with funds from the CEC/Cash Claim. COUNTY will review, approve, and pay all valid invoices within 30 calendar days of receipt. In the event of multiple invoices being submitted to the COUNTY at one time or insufficient documents supporting an invoice, payment by the COUNTY may be delayed beyond the 30-day timeline.

- 5.2. Invoices for payment shall be on the Sample Invoice provided by COUNTY or on CONTRACTOR's letterhead and shall include the contract number, the CONTRACTOR name and remittance address, a unique invoice number, and a list of expenses with dollar amounts in accordance with Exhibit B. When submitting invoices electronically when there is a business need to include PII or PHI, emails should be encrypted. Invoices for payment shall be submitted to the following address or via email to the address below:

Placer County HHS Fiscal
Attn: Accounts Payables
3091 County Center Drive, Suite 290
Auburn, CA 95603
Email: HHSPayables@placer.ca.gov

- 5.3. Payment Delay. Notwithstanding any other terms of this Agreement, no payments will be made to CONTRACTOR until COUNTY is satisfied that work of such value has been rendered pursuant to this Agreement. However, COUNTY will not unreasonably withhold payment and, if a dispute exists, the withheld payment shall be proportional only to the item in dispute.
6. **EXHIBITS:** Exhibits expressly listed on the signature page of this Agreement are hereby incorporated herein by this reference and collectively, along with this base document, form the Agreement. In the event of any conflict or inconsistency between provisions contained in the base agreement or exhibits such conflict or inconsistency shall be resolved by giving precedence according to the following priorities: Exhibit A, Exhibit B, base agreement, then followed by any remaining exhibits. Responsibilities and obligations mandated by federal or state regulations or otherwise at law shall be liberally construed to meet legal requirements.
7. **FACILITIES, EQUIPMENT AND OTHER MATERIALS:** Except as otherwise specifically provided in this Agreement, CONTRACTOR shall, at its sole cost and expense, furnish all facilities, equipment, and other materials which may be required for performing services pursuant to this Agreement. At COUNTY's discretion, COUNTY may make equipment or facilities available to CONTRACTOR for CONTRACTOR's use in furtherance of this Agreement only where a COUNTY Facility or Equipment exhibit is attached to this Agreement identifying the equipment or facilities to be used by CONTRACTOR's personnel. If COUNTY funds equipment as part of this contract, COUNTY will retain Equipment.
8. **ACCOUNTING REQUIREMENTS:** CONTRACTOR shall comply with all applicable COUNTY, State, and Federal accounting laws, rules and regulations. CONTRACTOR shall establish and maintain accounting systems and financial records that accurately account for and reflect all Federal funds received, including all matching funds from the State, COUNTY and any other local or private organizations. CONTRACTOR's records shall reflect the expenditure and accounting of said funds in accordance with all applicable State laws and procedures for expending and accounting for all funds and receivables, as well as meet the financial management standards in 45 CFR Part 92 and in the Office of Management and Budget 2 CFR Part 200 "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards."
9. **RIGHT TO MONITOR AND AUDIT:** COUNTY, State and Federal Governments shall have the right to monitor all work performed under this Agreement to assure that all-applicable State and Federal regulations are met. COUNTY, State and Federal Governments shall have the right to audit all work, records and procedures related to this Agreement to determine the extent to which the program is achieving its purposes and performance goals. COUNTY will have the right to review financial and programmatic reports and will notify CONTRACTOR of any potential Federal

and/or State exception(s) discovered during such examination. COUNTY will follow-up and require that the CONTRACTOR takes timely and appropriate action on all deficiencies. Failure by the CONTRACTOR to take timely and appropriate action on all deficiencies shall constitute a material breach of this Agreement.

10. **LIMITATION OF COUNTY LIABILITY FOR DISALLOWANCES:**

10.1. Notwithstanding any other provision of the Agreement, COUNTY will be held harmless by CONTRACTOR from any Federal or State audit disallowance and interest resulting from payments made to CONTRACTOR pursuant to this Agreement, less the amounts already submitted to the State for the disallowed claim.

10.2. To the extent that a Federal or State audit disallowance and interest results from a claim or claims for which CONTRACTOR has received reimbursement for services provided, COUNTY will recoup within 30 days from CONTRACTOR through offsets to pending and future claims or by direct billing, amounts equal to the amount of the disallowance plus interest in that fiscal year, less the amounts already remitted to the State for the disallowed claim. All subsequent claims submitted to COUNTY applicable to any previously disallowed claim may be held in abeyance, with no payment made, until the Federal or State disallowance issue is resolved.

10.3. CONTRACTOR shall reply in a timely manner, to any request for information or to audit exceptions by COUNTY, State and Federal audit agencies that directly relate to the services to be performed under this Agreement.

10.4. CONTRACTOR will cooperate with COUNTY in any challenge of a disallowance by a Federal or State agency.

11. **CONTRACT TERM:** This Agreement shall remain in full force and effect from July 1, 2022 through June 30, 2023. Contract provisions that contain report deadlines or record obligations which occur after contract termination survive as enforceable continuing obligations.

12. **CONTINGENCY OF FUNDING:**

12.1. Funding or portions of funding for this Agreement may be directly contingent upon state or federal budget approval; receipt of funds from, and/or obligation of funds by, the State of California or the United States Government to COUNTY; and inclusion of sufficient funding for the services hereunder in the budget approved by COUNTY'S Board of Supervisors for each fiscal year covered by this Agreement. If such approval, funding or appropriations are not forthcoming, or are otherwise limited, COUNTY may immediately terminate or modify this CONTRACT without penalty. Except in COUNTY's sole discretion, which discretion may be limited at law, CONTRACTOR agrees and understands that in no event will any of COUNTY'S obligations under this Agreement be funded from any other COUNTY funding source.

12.2. Any adjustments in funding shall be made through a written contract amendment, and shall include any changes required to the Scope of Services in response to modifications in funding. The amount of such adjustment shall not exceed any augmentation or reduction in funding to COUNTY by the County of Placer Board of Supervisors, State and/or the United States government. Amendments issued in response to adjustments in funding shall be considered fully executed when approved by the CONTRACTOR and COUNTY. CONTRACTOR understands that any such amendments to this Agreement may not reflect the entire amount of any augmentation or reduction in funding provided to COUNTY for the subject services.

13. **TERMINATION:**

13.1. COUNTY will have the right to terminate this Agreement at any time without cause by giving thirty (30) calendar days' notice, in writing, of such termination to CONTRACTOR. If the COUNTY gives notice of termination for cause, CONTRACTOR shall immediately cease

rendering service upon receipt of such written notice. Such notice shall be personally served or given by United States Mail.

13.2. In the event COUNTY terminates this Agreement, CONTRACTOR shall be paid for all work performed and all reasonable allowable expenses incurred to date of termination. Should there be a dispute regarding the work performed by CONTRACTOR under this Agreement, COUNTY will pay CONTRACTOR the reasonable value of services rendered by CONTRACTOR to the date of termination pursuant to this Agreement not to exceed the amount documented by CONTRACTOR and approved by COUNTY as work accomplished to date; provided, however, that in no event shall any payment hereunder exceed the amount of the Agreement specified in the Payment section herein, and further provided, however, COUNTY will not in any manner be liable for lost profits which might have been made by CONTRACTOR had CONTRACTOR completed the services required by this Agreement. CONTRACTOR shall furnish to COUNTY such financial and other information, which in the judgment of the COUNTY, is necessary to determine the reasonable value of the services rendered by CONTRACTOR. The foregoing is cumulative and does not affect any right or remedy which COUNTY may have in law or equity.

13.3. CONTRACTOR may terminate its services under this Agreement upon sixty (60) calendar days' advance written notice to the COUNTY.

14. **STANDARD OF PERFORMANCE:** CONTRACTOR shall perform all services required pursuant to this Agreement in the manner and according to the standards observed by a competent practitioner of the profession in which CONTRACTOR is engaged in the geographical area in which CONTRACTOR practices its profession. All products or services of whatsoever nature which CONTRACTOR delivers to COUNTY pursuant to this Agreement shall be prepared in a substantial first class and workmanlike manner and conform to the standards or quality normally observed by a person practicing in CONTRACTOR'S profession. CONTRACTOR shall assign only competent personnel to perform services pursuant to this Agreement. In the event that COUNTY, in its sole discretion, desires the removal of any person or persons assigned by CONTRACTOR to perform services pursuant to this Agreement, CONTRACTOR shall remove any such person immediately upon receiving notice from COUNTY.
15. **LICENSES, PERMITS, ETC.:** CONTRACTOR represents and warrants to COUNTY that it has all licenses, permits, qualifications, and approvals of whatsoever nature which are legally required for CONTRACTOR and/or its employees to practice its/their profession. CONTRACTOR represents and warrants to COUNTY that CONTRACTOR shall, at its sole cost and expense, keep in effect or obtain at all times during the term of this Agreement, any licenses, permits, and approvals which are legally required for CONTRACTOR and/or its employees to practice its/their profession at the time the services are performed.
16. **RECORDS:**
- 16.1. This provision is intended to provide the minimum obligations with respect to records. If provisions contained elsewhere in this Agreement, or at law, provide greater obligations with respect to records or information, those obligations control. For purposes of this provision "records" is defined to mean any and all writings, as further defined in California Evidence Code section 250, whether maintained in paper or electronic form, prepared by or received by CONTRACTOR, in relation to this Agreement.
- 16.2. CONTRACTOR shall maintain, at all times, complete detailed records with regard to work performed under this Agreement in a form acceptable to COUNTY. CONTRACTOR agrees to provide documentation or reports, compile data, or make its internal practices and records available to COUNTY or personnel of authorized state or federal agencies, for purpose of determining compliance with this Agreement or other applicable legal obligations. COUNTY shall have the right to inspect or obtain copies of such records during usual business hours upon reasonable notice.

- 16.3. Upon completion or termination of this Agreement, if requested by COUNTY, CONTRACTOR shall deliver originals or copies of all records to COUNTY. COUNTY will have full ownership and control of all such records. If COUNTY does not request all records from CONTRACTOR, then CONTRACTOR shall maintain them for a minimum of four (4) years after completion or termination of the Agreement. If for some reason CONTRACTOR is unable to continue its maintenance obligations, CONTRACTOR shall give notice to COUNTY in sufficient time for COUNTY to take steps to ensure proper continued maintenance of records.
- 16.4. If Agreement is state or federally funded, CONTRACTOR shall be subject to the examination and audit of the California State Auditor for a period of three years after final payment under contract (California Government Code, Section 8546.7). Should COUNTY or any outside governmental entity require or request a post-contract audit, record review, report, or similar activity that would require CONTRACTOR to expend staff time and/or resources to comply, CONTRACTOR shall be responsible for all such costs incurred as a result of this activity.
17. **BACKGROUND CHECK:** CONTRACTOR accepts responsibility for determining and approving the character and fitness of its employees (including volunteers, agents or representatives). Completion of a satisfactory Live Scan will also be needed if legally required. CONTRACTOR further agrees to hold COUNTY harmless from any liability for injuries or damages (as outlined in the hold harmless clause contained herein) resulting from a breach of this provision or CONTRACTOR'S actions in this regard.
18. **INDEPENDENT CONTRACTOR:** In the performance of this Agreement, CONTRACTOR, its agents and employees are, at all times, acting and performing as independent contractors of the COUNTY, and this Agreement creates no relationship of employer and employee as between COUNTY and CONTRACTOR. CONTRACTOR agrees neither it nor its agents and employees have any rights, entitlement or claim against COUNTY for any type of employment benefits or workers' compensation or other programs afforded to COUNTY employees. CONTRACTOR shall be responsible for all applicable State and Federal income and, payroll taxes and agrees to provide any workers' compensation coverage required by applicable State laws for its agents and employees for all work performed under this Agreement.
19. **INSURANCE and INDEMNIFICATION REQUIREMENTS:** See Exhibit C, attached hereto, for insurance requirements for this Agreement. The COUNTY'S insurance requirements are a material provision to this Agreement.
20. **CONFIDENTIALITY of RECORDS and INFORMATION:**
- 20.1. CONTRACTOR agrees to maintain confidentiality of information and records as required by applicable Federal, State and local laws, regulations and rules. CONTRACTOR shall not use or disclose confidential information other than as permitted or required by this Agreement and will notify COUNTY of any discovered instances of breaches of confidentiality. CONTRACTOR shall ensure that any subcontractors' agents receiving confidential information related to this Agreement agree to the same restrictions and conditions that apply to CONTRACTOR with respect to such information. CONTRACTOR agrees to hold COUNTY harmless from any breach of confidentiality, as set forth in the hold harmless provisions contained herein.
- 20.1.1. HIPAA/ Protected Health Information. If CONTRACTOR is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or the HIPAA Business Associate Agreement (BAA) Addendum is included as part of this Agreement, it is obliged to comply with applicable requirements of law and subsequent amendments relating to any protected health information, as well as any task or activity CONTRACTOR performs on behalf of COUNTY, to the extent COUNTY would be required to comply with such requirements. If this Agreement has been determined to constitute a business associate relationship under HIPAA and the

HIPAA regulations, CONTRACTOR is the Business Associate of COUNTY and agrees to the HIPAA Business Associate Agreement (BAA) Addendum exhibit attached to this Agreement.

20.1.2. 42 C.F.R. Part 2/ Drug and Alcohol Abuse Records. If CONTRACTOR is a covered program under the Confidentiality of Alcohol and Drug Abuse Patient Records Act, 42 C.F.R. Part 2 or signs the Qualified Service Organization Agreement (QSOA), it is obliged to comply with applicable requirements of law and subsequent amendments relating to any protected health information and patient identifying information, as well as any task or activity CONTRACTOR performs on behalf of COUNTY, to the extent COUNTY would be required to comply with such requirements. If this Agreement has been determined to constitute a qualified service organization relationship under 42 C.F.R. Part 2 and the 42 C.F.R. Part 2 regulations, CONTRACTOR is the Qualified Service Organization of COUNTY and agrees to enter into the Qualified Service Organization Agreement (QSOA) Addendum contained as an exhibit to this Agreement.

21. **CONFLICT OF INTEREST:** CONTRACTOR certifies that it has no current business or financial relationship with any COUNTY employee or official, or other COUNTY contract provider that could create a conflict with this Agreement and will not enter into any such business or financial relationships during the period of this Agreement. CONTRACTOR attests that its employees and the officers of its governing body shall avoid any actual or potential conflicts of interest, and that no officer or employee who exercises any functions or responsibilities in connection with this Agreement shall have any legally prohibited personal financial interest or benefit which either directly or indirectly arises out of this Agreement. CONTRACTOR shall establish safeguards to prohibit employees or officers from using their positions for a purpose which could result in legally prohibited private gain, or gives the appearance of being motivated for legally prohibited private gain for themselves or others, particularly those with whom they have family, business, or other ties. CONTRACTOR certifies that no official or employee of the COUNTY, nor any business entity in which an official of the COUNTY has an interest, has been employed or retained to solicit or aid in the procuring of this Agreement. In addition, CONTRACTOR agrees that no such person will be employed in the performance of this Agreement without immediately notifying the COUNTY.

22. **CONTRACT ADMINISTRATOR:**

22.1. ADMINISTRATOR will provide consultation and technical assistance in monitoring the terms of this Agreement

22.2. ADMINISTRATOR is responsible for monitoring the performance of the CONTRACTOR in meeting the terms of this Agreement, for reviewing the quality of CONTRACTOR services, notifying CONTRACTOR of performance deficiencies, and pursuing corrective action to assure compliance with contract requirements.

22.3. ADMINISTRATOR may be revised from time to time, at the discretion of the COUNTY. Any change in ADMINISTRATOR will be provided to CONTRACTOR by written notice. At contract commencement, the ADMINISTRATOR will be:

Curtis Budge, Client Services Program Manager
Placer County Adult System of Care
101 Cirby Hills Dr.
Roseville, CA 95678
916.787.8976

23. **NOTICES:** All notices required or authorized by this Agreement shall be in writing and shall be deemed to have been served if delivered personally or deposited in the United States Mail, postage prepaid and properly addressed as follows:

If to COUNTY: Robert L. Oldham, Director
Placer County Dept. of Health and Human Services
3091 County Center Drive, Suite 290
Auburn, CA 95603
HHSContracts@placer.ca.gov

If to CONTRACTOR: Jon Kerschner, Executive Director
Sierra Mental Wellness Group
406 Sunrise Avenue, Suite 300
Roseville, CA 95661

Changes in contact person or address information shall be made by notice, in writing, to the other party.

24. **NONDISCRIMINATION**: During the performance of this Agreement, CONTRACTOR shall comply with all applicable Federal, State and local laws, rules, regulations and ordinances, including the provisions of the Americans with Disabilities Act of 1990, and Fair Employment and Housing Act, and will not unlawfully discriminate against employees, applicants or clients because of race, sex, sexual orientation, color, ancestry, religion or religious creed, national origin or ethnic group identification, mental disability, physical disability, medical condition (including cancer, HIV and AIDS), age (over 40), marital status, or use of Family and Medical Care Leave and/or Pregnancy Disability Leave in regard to any position for which the employee or applicant is qualified.
25. **ASSIGNMENT**: CONTRACTOR shall not assign or sub-contract, in whole or part, any of its rights, duties, services or obligations arising under this Agreement without written consent of COUNTY. The terms of this Agreement shall also apply to any subcontractor(s) of CONTRACTOR.
26. **NON-EXCLUSIVITY**: Nothing herein is intended nor shall be construed as creating any exclusive arrangement with CONTRACTOR. This Agreement shall not restrict COUNTY from acquiring similar, equal or like goods and/or services from other entities or sources. CONTRACTOR shall only provide those services as requested by COUNTY and COUNTY may cancel any service request.
27. **TIME OF PERFORMANCE**: CONTRACTOR agrees to complete all work and services in a timely fashion.
28. **ENTIRETY OF AGREEMENT**: This Agreement contains the entire agreement of COUNTY and CONTRACTOR with respect to the subject matter hereof, and no other agreement, statement, or promise made by any party, or to any employee, officer, or agent of any party which is not contained in this Agreement shall be binding or valid.
29. **GOVERNING LAW AND VENUE**: The parties enter into this Agreement in the County of Placer, California and agree to comply with all applicable laws and regulations therein. The laws of the State of California shall govern its interpretation and effect. For litigation purposes, the parties agree that the proper venue for any dispute related to the Agreement shall be the Placer County Superior Court or the United States District Court, Eastern District of California.
30. **CONTRACTOR NOT AGENT**: Except as COUNTY may specify in writing CONTRACTOR shall have no authority, express or implied, to act on behalf of COUNTY in any capacity whatsoever as an agent. CONTRACTOR shall have no authority, express or implied pursuant to this Agreement to bind COUNTY to any obligation whatsoever.
31. **SIGNATURES**: This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together will constitute one and the same instrument. The Parties agree that an electronic copy of a signed contract, or an electronically signed contract, shall have the same force and legal effect as a contract executed with an original ink signature. The term "electronic copy of a signed contract" refers to a transmission by facsimile, electronic mail, or other

electronic means of a copy of an original signed contract in a portable document format. The term “electronically signed contract” means a contract that is executed by applying an electronic signature using technology approved by the Parties.

//Signatures on following page

DRAFT

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this Agreement as of the day first above stated:

SIERRA MENTAL WELLNESS GROUP
("CONTRACTOR")*

COUNTY OF PLACER ("COUNTY")

Signature

Print Name

Chair of the Board, President, or
 Vice President

Date: _____

Robert L. Oldham, Director,
Department of Health & Human Services

Date: _____

Signature

Print Name

Secretary, Asst. Secretary,
 Chief Financial Officer, or Asst. Treasurer

Date: _____

Approved as to Form
Office of Placer County Counsel

Date: _____

EXHIBITS:

- Exhibit A – Scope of Services
- Exhibit B – Payment Provisions
- Exhibit C – Insurance and Indemnification Requirements
- Exhibit D – HIPAA Business Associate Agreement-Addendum
- Exhibit E – Reporting Exhibit
- Exhibit F – Federally Funded Contracts
- Exhibit G – Certification Regarding Lobbying
- Exhibit H – County Facility or Equipment to be used by Contractor
- Exhibit I – Information Security Requirements
- Exhibit J – Assurance of Compliance Agreement
- Exhibit K – Mental Health Contracts - Special Terms and Conditions

*Agreement must have two signatures, one in each of the two categories of corporate offices indicated above. Check the box indicating the corporate office of the signing party. The same person may sign the contract twice if that person holds an office in each of the two categories. (California Corporations Code § 313) One signature will suffice, if the corporation's board of directors has passed a resolution that gives one person authority to sign. A copy of the most recent resolution must be sent with the signed contract, even if it is the same as the previous year.

SCOPE OF SERVICES

CONTRACTOR shall perform all activities and services as specified herein for adult Medi-Cal recipients and parents involved with the Child Welfare System in accordance with the requirements of the California Department of Health Care Services (DHCS) and California Department of Social Services (DSS).

CONTRACTOR shall provide comprehensive mental health crisis services for children, youth, adults, and older adults (Section 1). CONTRACTOR shall provide comprehensive Mental Health Crisis Services at identified hospital and in-custody sites. Comprehensive Mental Health Crisis Services shall be provided to any individual within Placer County.

CONTRACTOR shall provide comprehensive specialty mental health services to adults (Section 2) within Placer County through Placer County Performance Agreement with DHCS. Comprehensive Specialty Mental Health Services require pre-authorization and periodic reauthorization and are based upon the establishment of medical necessity for Specialty Mental Health services as defined in California Code of Regulations, Title 9, Rehabilitative and Developmental Services, Section 1810.247. Pre-authorization must be obtained prior to the onset of service delivery. Specialty Mental Health services are provided to adults to ameliorate the functional impairments that have resulted from a mental illness. Adults receiving Specialty Mental Health services must meet the eligibility criteria, including priority population as outlined in Placer County Mental Health Plan.

CONTRACTOR shall provide services to Child Welfare involved adults including mental health services, and/or couples counseling (Section 3) as delineated by the Treatment Plan for each referred child and family.

All services shall be provided in conformity with the requirements of all pertinent laws, regulations, and COUNTY requirements. CONTRACTOR shall not subcontract direct client services without prior written consent from COUNTY Contract Administrator.

PATIENTS' RIGHTS: Patients' Rights shall be complied with. (Welfare and Institutions Code Division 5, Section 5325 *et seq.*; and California Code of Regulations, Title 9, Division 1, Chapter 3, Article 6, Section 590 *et seq.*) COUNTY Patients' Rights Advocate shall have access to COUNTY clients by telephone or in person as deemed necessary by Advocate and client. COUNTY Patients' Rights Advocate shall also have access to COUNTY patients' charts during normal business hours to investigate and resolve complaints.

DRUG FREE WORKPLACE: CONTRACTOR warrants that it is knowledgeable of and in compliance with California Government Code Section 8350 *et seq.* regarding a drug free workplace.

1. Mental Health Crisis Services, Tahoe

1.1 Service Standards:

- 1.1.1 CONTRACTOR shall respond to, and complete, all Mental Health Crisis Evaluations for Placer County residents requiring assessment for possible involuntary detention of mentally disordered persons pursuant to W&I Section 5150 *et seq.* ("5150 Mental Health Crisis Evaluations") at Tahoe Forest Hospital. Contractor will continue staffing model for the crisis

worker in Tahoe. This will include 1FTE Crisis worker in addition to an afterhours on-call schedule. Given this is still a relatively new staffing model, regular evaluations of program success will occur with stakeholders. A request to modify this staffing model will occur if community needs are not being met. In addition, CONTRACTOR shall respond to, and complete, all Mental Health Crisis Evaluations for Placer County in-custody adult inmates and juvenile wards in the North Lake Tahoe area when requested by any jail, juvenile facility or judge, pursuant to Penal Code Section 4011.6. PC 4011.6 Mental Health Crisis Evaluations are considered 5150 Mental Health Crisis Evaluations. Staff coverage shall be as follows:

Monday through Friday (weekdays)

8:00 am to 5:00pm

- One (1) Staff available to respond to Tahoe Forest Hospital (TFH) for Mental Health Crisis Evaluations.
- When crisis response is not needed at TFH this position will be available to complete outreach, education and community-based crisis assessments in partnership with law enforcement, Tahoe Truckee Unified School District (TTUSD) and other relevant partners. This position will also support follow-up services, as necessary, within 2 days of the initial crisis. The primary goal of follow-up services is to link each person to the appropriate services (i.e., mental health, substance use, housing, medical, food).

5:00pm to 12:00 am

- Staff will be on-call to respond to TFH and will respond in person within 2 hours of the request for evaluation

Saturday-Sunday (Weekends)

8:00am-12:00am

- Staff will be on-call to respond to TFH and will respond in person within 2 hours of the request for evaluation

- 1.1.2. All CONTRACTOR mental health crisis response staff shall call into Adult Intake Services and/or Family and Children's Services at the beginning of their shift to verify coverage and contact numbers.
- 1.1.3. CONTRACTOR must ensure that the Supervisor of the Crisis Services is either licensed or licensed waived through the California Board of Behavioral Sciences or Board of Psychology.
- 1.1.4. CONTRACTOR must submit the North Lake Tahoe Crisis Services Tracking Log to both Family and Children's Services (Fax: 916-787-8915) and Adult Intake Services (Fax: 530-265-9376) on a daily basis via fax, secure email, or direct delivery.

1.2 Training for W&I 5150 Mental Health Crisis Evaluations:

- 1.2.1 All CONTRACTOR mental health crisis response staff will be certified by COUNTY to write a W&I 5150 Hold and shall have received training in crisis evaluation prior to performing crisis response services.
- 1.2.2 All CONTRACTOR mental health crisis response staff shall be trained in Placer County emergency response protocol and procedures and shall follow those protocols and procedures, including, but not limited to, the following:
- Licensed CONTRACTOR staff may lift a W&I 5150 hold previously written by law enforcement staff or a prior COUNTY or CONTRACTOR staff. Unlicensed CONTRACTOR staff must consult with a licensed staff prior to lifting a hold. CONTRACTOR will ensure that crisis evaluations conducted are in alignment with current Placer County Board of Supervisors Resolution pertaining to the Welfare and Institutions code 5150 (a) (b) and (c).
 - CONTRACTOR staff must verify the client's insurance coverage and arrange placement accordingly.
 - Medi-Cal must be verified by a faxed copy of the Medi-Cal Eligibility Data System (MEDS) printout from ACCESS Intake or by calling the Automated Eligibility Verification System (AEVS) telephone verification system.
 - Clients who are Medi-Cal eligible must be placed into a Medi-Cal facility under contract to COUNTY or a facility that accepts Medi-Cal for payment, if possible and if appropriate to the client's needs.
 - If a client has Medicare, CONTRACTOR shall attempt to determine, to the extent possible, if the client has bed days remaining through his/her Medicare coverage, and if so, shall attempt to transfer the client to a facility that accepts Medicare for payment.
 - For clients placed in a private facility, CONTRACTOR shall consult with the facility psychiatrist or intake staff prior to placement.
- 1.2.3 CONTRACTOR mental health crisis response staff shall arrange for transfer, by ambulance, to an appropriate facility once a client is placed on a W&I 5150 Hold. Non-emergency ambulance transportation arranged by CONTRACTOR will be paid by COUNTY.
- 1.2.4 CONTRACTOR mental health crisis response staff shall facilitate a smooth transition to the subsequent mental health crisis response staff and to the hospital by following established roll-over procedures.

1.3 Documentation Standards for W&I 5150/PC 4011.6 Mental Health Crisis Evaluations:

- 1.3.1 When evaluating a client for W&I 5150/PC 4011.6 criteria, the CONTRACTOR staff shall be responsible to complete all necessary forms and documentation as part of the evaluation process. Clinical documentation must be descriptive of symptoms and behaviors being observed and/or reported by collateral contacts.

1.3.2. Service Requirements for Mental Health/Rehabilitative Services: In addition to Mental Health Crisis Evaluations/Interventions, CONTRACTOR may provide the following services in addition to the face-to-face crisis evaluations as a means of providing additional support to prevent further escalation of crisis:

- Crisis Intervention: A service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include, but are not limited to, one or more of the following: assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements described in California Code of Regulations, Title 9, Sections 1840.338 and 1840.348.
- Targeted Case Management/Brokerage: Activities provided by staff to access medical, educational, social, needed community services for eligible individuals.
- Linkage and Consultation: The identification and pursuit of resources necessary for the client to access service and treatment, including but not limited to: interagency and intra-agency consultation, communication, coordination, and referral to said necessary services or community resources, including discharge planning and placement services. This also includes monitoring service delivery to ensure an individual's access to community resources or other formal ancillary services, such as psychiatric appointments, mentoring services, Court-Appointed Special Advocate, etc.
- Discharge Planning: Discharge Planning for crisis services shall begin at completion of the crisis intervention assessment and must be specific to the post crisis plan that will assist with maintaining mental health stabilization. CONTRACTOR should collaborate with other community-based organizations and natural resources to maximize discharge planning using the continuum of care model. CONTRACTOR shall conduct a final exit conference with the client, and to complete a discharge summary to be reviewed with the client and/or client's parents or guardians as applicable.
- Collateral: CONTRACTOR may bill for time spent obtaining additional collateral information that occurs after the initial mental health crisis evaluation and is not captured in the crisis assessment/evaluation services.
- Mental Health Rehabilitation Services: CONTRACTOR crisis staff may provide rehabilitation services after determining an individual did not meet criteria for involuntary psychiatric hospitalization for the time spent in assisting client with skill development to assist with improving, maintaining, or restoring an individual's functional skills, daily living skills, social and recreational skills, grooming and personal hygiene skills, meal preparation, and support resources.

1.3.3. Documenting Services and Service Definitions: Each service listed below requires a progress note, which must meet medical necessity guidelines and meet Medi-Cal requirements as described by service and activity code. CONTRACTOR shall use COUNTY CARE Form 041 to ensure that Medi-Cal required elements are completed. Each note must

include the date of service, activity code, location of service, and duration (minutes) of service. Progress notes shall be computer generated. Documentation time shall be included as part of the service provided. Documentation must be completed at the time service is provided and should normally not exceed 10 minutes for every hour of service provided. Time used for progress note documentation shall be included in "duration of service" time recorded on CONTRACTOR'S Event Monitoring Slip, Progress Note and monthly invoice: It is recognized that some services will be held in community settings and some billing for travel time is necessary as part of documentation. Travel time shall not exceed face-to-face service delivery time in any instance. Driving time between locations is not billable time.

1.3.3.1. CONTRACTOR shall submit a copy of original progress note documenting each service provided with submission of Mental Health Crisis Evaluations and include itemized services on invoices.

- Crisis Intervention: CONTRACTOR may include the following services under Crisis intervention: The time for interviewing the individual, obtaining collateral information during the initial evaluation/assessment period and consultation with psychiatrist. Reviewing an individual record prior to conducting the initial evaluation to determine obtain specific information pertaining to the presenting situation while observing the client, MUST be carefully documented to ensure appropriate billing practices. Documentation must include all contacts and include enough information to justify the time.
- Assessment/Evaluation: CONTRACTOR may include the following services under Assessment/Evaluation: Reassessment of initial crisis evaluation. All progress notes shall contain a description of attempted intervention and/or what was accomplished by the client, family (when applicable) and/or necessary interventions at the time service was delivered and a description of any changes in client's level of functioning. The notes must reflect any significant new information or changes as they may occur and a follow-up plan.
- Targeted Case Management: CONTRACTOR may include the following activities under the Targeted Case Management Services: Detailed conversations with hospitals regarding initial referral packets and obtaining additional information as requested for hospitals. One progress note may be written for all Case Management/Brokerage contact made on behalf of an individual by a staff member during the course of their shift and shall contain date of service, activity code, location of service, duration (minutes) of service and a description of what was accomplished by the client and/or staff. The note must reflect any new significant information or changes as they may occur and cannot exceed the total amount of time in providing case management services for the individual.
- Collateral: CONTRACTOR may bill for time spent obtaining additional collateral information that occurs after the initial crisis evaluation, if this is not captured in the Mental Health Crisis Evaluation services.

- Plan Development: CONTRACTOR may bill for discharge planning post crisis intervention for non-psychiatric hospital admissions. This does not include the development of a safety plan as that should be included within the crisis intervention assessment determination.
 - Mental Health Rehabilitation Services: CONTRACTOR crisis staff may provide rehabilitation services after determining an individual did not meet criteria for involuntary psychiatric hospitalization for the time spent assisting the client with skill development to improve, maintain, or restore an individual's functioning skills, daily living skills, social and recreational skills, grooming and personal hygiene skills, meal preparations and support services.
- 1.3.4. All progress notes shall contain a description of attempted intervention and/or what was accomplished by the client, family (when applicable) and CONTRACTOR toward treatment goals or necessary interventions at the time service was delivered and a description of any changes in client's level of functioning. The notes must reflect any significant new information or changes as they may occur and a follow-up plan.
- 1.3.5. Non Medi-Cal reimbursable services:
- While delivering a service in a lock-out situation, CONTRACTOR shall document services as described in this Section 1.3 utilizing the corresponding "X" code if the service that is provided would generally be a Medi-Cal billable service. The following places are considered to be "locked out" for Medi-Cal billing: i.e. Jail, Juvenile Detention Facility, medical hospitals outside of the emergency rooms. These are considered to be Mode 15 services.
 - CONTRACTOR may provide individuals with additional medical services (outside of the services described in this Section 3 that are not reimbursable under Medi-Cal. For these non Medi-Cal Client Supports not otherwise reported in Treatment modes, CONTRACTOR may capture these expenses under Mode 60, Service Function 78 (i.e. placing follow up phone calls to only determine status of referral, faxing placement packets, leaving or returning voice messages, new staff orientation and new staff training).
- 1.3.6. CONTRACTOR must invoice for these services based on actual expenses. For Cost Reporting purposes, these expenses shall be labeled as Mode 60, Service Function 78 - Other Non Medi-Cal Client Support Expenditures.
- CONTRACTOR may include the cost of non-productive time in the Medi-Cal service or Non-Medi-Cal Client Support service billings under Modes 15 and 60.
 - CONTRACTOR shall comply with all Medi-Cal charting and documentation standards.
 - Every open case shall meet minimum medical necessity criteria, and this shall be reflected in the crisis evaluation.
 - Progress notes shall contain all required components as specified herein and be reviewed by a clinical supervisor.

- Progress notes shall be completed by the end of the crisis shift for every billable service.
- CONTRACTOR shall complete additional performance measures as requested by COUNTY.

1.3.7. If possible, CONTRACTOR staff shall send a photocopy of the client's insurance card, Medi-Cal card, or verification of Medi-Cal along with the client in the packet for the psychiatric placement facility.

1.3.8. A copy of the Mental Health Crisis Evaluation form and all supporting documentation shall be submitted by CONTRACTOR staff to Adult Intake Services (AIS) and Family and Children's Services (FACS) at the end of each shift. CONTRACTOR may fax, send through secure email, or deliver copies to the appropriate COUNTY Adult or Children's Systems of Care (ASOC/CSOC) location.

1.3.9. Original documentation shall be the property of the CONTRACTOR. CONTRACTOR shall provide copies of documentation to COUNTY. Submission of copies may be through fax, secure email, or direct delivery.

1.4. Performance Measures for W&I 5150/PC 4011.6 Mental Health Crisis Evaluations:

1.4.1. A minimum of 10% of completed W&I 5150/ PC 4011.6 Mental Health Crisis Evaluations shall be reviewed on a monthly basis by the CONTRACTOR Clinical Supervisor or Manager to ensure all forms are completed correctly and the clinical work is appropriately documented (e.g.; mental status exam, diagnosis, etc.). This shall include a review of the entire packet of forms listed in Section 1.3. Of particular importance are the justification on the W&I 5150/ PC 4011.6 Hold form to support the placement of a client in a psychiatric facility, and the thoroughness of the assessment in documenting the entire W&I 5150/ PC 4011.6 Emergency Assessment process.

1.4.2. A minimum of 10% of completed progress notes related to providing crisis intervention services shall be reviewed on a monthly basis by the CONTRACTOR Clinical Supervisor or Manager to ensure all services are accurately documented and in a manner that supports Medi-Cal reimbursement.

1.4.3. CONTRACTOR shall submit quarterly reports to the COUNTY that provide details of internal reviews (minimum of 10% review of both Mental Health Crisis Evaluations and Progress Notes documenting mental health services) including number of each type of service reviewed; findings resulting from review; identified trends; and any systematic changes as a result of concerns raised through internal Quality Assurance reviews.

1.5. Protocol Compliance: CONTRACTOR shall comply with the current Placer County 5150 Protocol and the specific policies and procedures developed to assist CONTRACTOR in fulfilling its contractual agreement.

2. Mental Health Services

2.1. Service Standards

- 2.1.1. Specialty Mental Health Services shall be provided to adults who are currently eligible for Medi-Cal, and meet eligibility and access criteria established by Welfare and Institution Code Sections 14059.5 and 14184.402. Non Medi-Cal beneficiaries including those with dual eligibility, Other Health Coverage, uninsured or CSOC CWS adults may also be eligible to receive services if they meet medical necessity criteria and have a payment authorization from the MHP.
- 2.1.2. Specialty mental health services shall be provided to individuals residing in the South Placer County region.
- 2.1.3. Some service provision will occur in community settings to include clients' homes, community locations, schools, emergency rooms, etc.

2.2. General Program and Service Requirements

- 2.2.1. CONTRACTOR shall provide comprehensive specialized mental health and rehabilitation services, including medication support services, as defined in the California Code of Regulations Title 9, Chapter 11, to adults who meet the criteria established in, and in accordance with, the Placer County Mental Health Plan. Services shall emphasize a social rehabilitation approach as established in the California Code of Regulations, Title 9.
- 2.2.2. Services shall be coordinated with the client's primary health care provider so that specialty mental health services support a "whole health" approach.
- 2.2.3. For adults under the age of 21, CONTRACTOR shall abide by all the requirements set forth by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, and use the State-approved EPSDT manual as a guide for all service and documentation provision.
- 2.2.4. CONTRACTOR shall adhere to COUNTY guidelines, policies and procedures.
- 2.2.5. CONTRACTOR shall work with an individual's Private or Public Guardians in all treatment planning and decision making regarding the adult's services as documented in the individual's Treatment Plan. CONTRACTOR shall involve the adult's support system in assessment and treatment planning as appropriate and shall participate in Multidisciplinary Clinical Case Conferences when requested by COUNTY. All Treatment Plans must be reviewed on a regular basis and updated at least annually. CONTRACTOR shall provide specialty mental health services that are inclusive and responsive to individuals with co-occurring substance use disorders.
- 2.2.6. CONTRACTOR shall provide clinical supervision to all CONTRACTOR treatment staff, licensed or license-eligible, in accordance with COUNTY policies and procedures. Those staff seeking licensure shall receive clinical supervision in accordance with the appropriate State Licensure Board (i.e. Board of Behavioral Sciences, Board of Psychology, Board of Nursing, Medical Board). All treatment staff shall be required to keep current with their licenses and/or registrations at all times with said Boards.

2.3. Service Requirements for Mental Health/Rehabilitation Services

- 2.3.1. Evaluation and Assessment:

- All adults referred for services shall have received a biopsychosocial assessment performed by the CONTRACTOR. This assessment will serve as the basis of the treatment and service plan as developed by the CONTRACTOR.
- An assessment of the adult must be conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract between COUNTY and DHCS, a copy of which will be provided to CONTRACTOR under separate cover.
- The assessment must establish medical necessity and eligibility criteria for the individual as defined in Welfare and Institution Code Sections 14059.5, and 14184.402. Further, medical necessity and eligibility must be maintained for all services provided, and for the timeframe in which the services were provided. Medical Necessity includes three elements: a covered DSM-V diagnosis, significant impairment in an important area of life functioning or development, and an ability to benefit from the proposed specialty mental health intervention. CONTRACTOR shall use COUNTY Biopsychosocial Assessment form, CARE 015.
- A client plan must be developed and maintained for the adults that meet all client plan requirements established in the MHP. CONTRACTOR may use its own client plan form, if it has all the Medi-Cal required elements. These shall be developed no less than annually.

2.3.2 Mental Health/Rehabilitative Services:

In addition to Evaluation and Assessment, the array of Mental Health and Rehabilitative services must be available by CONTRACTOR and include:

- Plan Development: CONTRACTOR shall deliver care and services in a coordinated and seamless manner. Throughout the course of treatment, CONTRACTOR shall ensure that the client plan is coordinated appropriately, that the appropriate adjunctive services are provided; that the client plan is reviewed and modified as needed on a regular basis, and that ancillary providers are fully aware of and informed about the clinical status of care.
- Office-based and in-home individual and group client-centered therapy and rehabilitation services provide symptom resolution and adaptive skills development to address issues of loss and grief, trauma (including prior abuse), identity formation, mastery of behavioral and emotional control, using a variety of modalities. Treatment modalities employed by CONTRACTOR shall include evidence-based models such as Trauma Focused Cognitive Behavioral Therapy, Didactic Developmental Attachment Psychotherapy, and Narrative Therapy. All treatment providers shall be licensed or licensed-eligible registered with their respective licensing oversight board.
- Rehabilitation: Provide rehabilitation services to adults. These services may include any or all of the following: assistance in restoring or maintaining an individual's functional skills, daily living skills, social skills, grooming and personal hygiene skills, and support resources; counseling of the individual and/or family; training in leisure activities needed to achieve the individual's goals/desired results/personal milestones.

- Case Management/Brokerage: Activities provided by staff to access medical, educational, social, needed community services for eligible individuals.
- Linkage and Consultation: The identification and pursuit of resources necessary for the client to access service and treatment, including but not limited to: Interagency and intra-agency consultation, communication, coordination, and referral to said necessary services or community resources, including discharge planning and placement services. This also includes monitoring service delivery to ensure an individual's access to community resources or other formal ancillary services, such as psychiatric appointments, mentoring services, Court-Appointed Special Advocate, etc.
- Discharge Planning: Shall begin at time of initial assessment and be specified in the treatment goals and plan. CONTRACTOR should collaborate with other community-based organizations and natural resources to maximize discharge planning using the continuum of care model. CONTRACTOR shall conduct a final exit conference with the client, and to complete a discharge summary to be reviewed with the client.

2.4. Eligibility

- Clients referred to CONTRACTOR by COUNTY will meet the above-mentioned admission criteria and shall be accepted by CONTRACTOR for assessments and services. Ineligible clients shall be referred to appropriate services with adequate follow-up to ensure that the clients reach such services. CONTRACTOR shall document all such actions, including acceptance and referrals. CONTRACTOR shall use its best efforts to maximize the possibility that ineligible clients reach appropriate services. A listing of clients referred to other entities will be provided to the COUNTY for review on a monthly basis.
- For mental health services, clients shall all receive an assessment as described in Section 2.3.1. After the assessment has been completed, a decision will be made by CONTRACTOR about whether medical necessity and eligibility criteria have been met. If so, CONTRACTOR will contact COUNTY and request payment authorization to commence services. If an individual receives an assessment and does not meet medical necessity, CONTRACTOR shall send a Notice of Adverse Benefit Determination (NOABD) within three (3) days to the Medi-Cal beneficiary and to COUNTY, per DHCS requirements. Mental Health Services, TCM, ICC, and Medication Support Services shall begin following completion of a biopsychosocial assessment and treatment plan and shall not be delayed by any authorization or prior approval.
- In some instances, COUNTY may review the completed assessment and/or complete the initial assessment and make a determination about medical necessity and eligibility. If medical necessity is not met in those instances, the NOABD would be the responsibility of COUNTY. If CONTRACTOR completes the assessment and COUNTY determines that medical necessity is not met, a discussion will be held to determine who will send the NOABD.

2.5. Documenting Services and Service Definition

Each service listed below requires a progress note, which must meet medical necessity guidelines and meet Medi-Cal requirements as outlined in DHCS MHSUDS Information Notice

17-040 or more recent regulation. CONTRACTOR shall use COUNTY CARE Form 041 to ensure that Medi-Cal required elements are completed. Each note must include the Date of Service, Activity Code, Location of Service, and Duration (minutes) of Service. Progress notes shall be computer generated. Documentation time shall be included as part of the service provided. Documentation must be completed at the time service is provided and should normally not exceed 10 minutes for every hour of service provided. Time used for Progress Note documentation shall be included in "duration of service" time recorded on CONTRACTOR'S Event Monitoring Slip, Progress Note and monthly invoice. It is recognized that some services will be held in community settings and some billing for travel time is necessary as part of documentation. Travel time shall not exceed face to face service delivery time in any instance. Driving time between locations is not billable time.

CONTRACTOR shall submit a copy of original documentation, for each service provided with its monthly invoices. Documentation may include but not be limited to assessment, medical necessity and eligibility form, Client Services Plan, and outpatient services payment authorization request form.

- Assessment/Evaluation: The assessment is a clinical analysis of the history and current status of the client's mental, emotional or behavioral functioning; appraisal of the client's psychosocial factors in several areas including living situation, daily activities, social support systems, cultural and linguistic factors, history of trauma or exposure to trauma, health status and diagnosis. The assessment shall include but not limited to any relevant physical health condition, presenting problems, mental status exam, special risk factors, medication history, allergies and history of adverse reactions to medications, mental health treatment history, pre-natal and perinatal events, developmental history, a diagnosis, or suspicion of a diagnosis and client strengths.
- Plan Development: This activity is included as part of the treatment planning that must occur after the assessment is completed and/or when completing an Outpatient Services Treatment Authorization Request form. When used to develop a client plan, documentation shall include: diagnosis, psychiatric symptoms present and in what context, observable and measurable treatment goals to be addressed in therapy and planned, clinically appropriate strategies for treatment. When used in preparation of the Outpatient Services Treatment Authorization Request Form, documentation shall include presenting problems, strategies employed during treatment, current status of psychiatric symptoms or change in status that represents a critical need for this service and meets medical necessity guidelines, and what additional treatment is necessary.
- Therapy – Individual/Group: A service activity that is a therapeutic intervention which focuses primarily on symptom reduction as a means to improve functional impairments.

All progress notes shall contain a description of attempted intervention and/or what was accomplished by the client, family (when applicable) and CONTRACTOR toward treatment goals or necessary interventions at the time service was delivered and a description of any changes in client's level of functioning. The notes must reflect any significant new information or changes as they may occur and a follow-up plan.

A group progress note must be written for each client attending the group session, with the goal for each group clearly articulated, and the client's individualized response to the group interventions documented. The group progress note formula must be clearly indicated on every group note, with the correct calculations conducted. Additionally, CONTRACTOR shall list all clients attending the group session on the Event Monitoring Form each time a group session is held, identifying the clients, the group service by activity code, date of service and length of group in minute increments, including documentation time.

- Rehabilitation and Case Management/Brokerage: A progress note must be written for each Rehabilitation or Case Management/Brokerage contact and shall contain date of service, activity code, location of service, duration (minutes) of service and a description of what was accomplished by the client and/or staff. The note must reflect any new significant information or changes as they may occur.

5. Couples Counseling Services for Child Welfare-Involved Adults, South Placer

CONTRACTOR agrees to provide Couples Counseling Services to Child Welfare related adults of children and youth identified by COUNTY as delineated in the Treatment Plan. The Treatment Plan shall specify the duration of services in terms of months.

CONTRACTOR shall obtain prior approval (payment authorization) for all referrals.

6. Required Program Documentation and Performance Measurement

CONTRACTOR shall submit annual quality improvement plans and quarterly outcome reports.

CONTRACTOR shall participate in evaluation of the program/service delivery, including the Quality Improvement Committee as requested by COUNTY.

CONTRACTOR performance shall be measured by data regarding client progress, client satisfaction, intakes and discharges, and other relevant outcome data as collected and reported to COUNTY by CONTRACTOR.

CONTRACTOR shall complete the applicable Outcome Screening Form (CARE 011-Adult) after the initial assessment and at designated times during the therapeutic process. For those under age 21, Child and Adolescent Needs and Strengths (CANS) may be required. For adults, the Level of Care Utilization System (LOCUS) form may be required. This will provide data to COUNTY on people served in the program. Data will also be used by COUNTY for making decisions on program management, budgeting, and service delivery over the term of the resulting Agreement. Data collected from this screening tool will be compiled and analyzed throughout the year. Copies of the completed forms shall be sent to COUNTY Contract Administrator on not less than a quarterly basis.

CONTRACTOR shall track the number and type of complaints received during the year by its agency for review by its staff, and COUNTY ASOC/CSOC leadership and Quality Improvement staff.

CONTRACTOR shall track the time between the receipt of the requests for services and when services have commenced, and shall provide this to COUNTY in its quarterly outcomes report.

CONTRACTOR shall submit to COUNTY on a quarterly basis, or as requested, census of clients receiving services.

CONTRACTOR shall submit to COUNTY on a quarterly basis, reports that include the number of internal reviews, findings, trends and systematic changes implemented as a result of the Quality Assurance/Quality Improvement activities.

CONTRACTOR shall comply with all Medi-Cal charting and documentation standards.

- Every open case shall meet minimum medical necessity criteria, and this shall be reflected in the Assessment
- Treatment plans shall contain all required components as specified herein and be approved by a clinical supervisor prior to implementation
- Progress Notes shall be completed by the end of the following working day for every billable service
- CONTRACTOR shall meet a minimum productivity standard of 65% billable time.
- CONTRACTOR shall meet a minimum productivity standard of 65% of billable time.
- CONTRACTOR shall ensure 100% of open clients will have Medi-Cal coverage at the time services are rendered or shall be approved for services, in writing, by a Placer County Child Welfare social worker via CARE Form 004.
- CONTRACTOR shall have less than a 5% denial rate for all billed and audited Medi-Cal services.
- CONTRACTOR shall operate at full caseload capacity within 30 days of initiating service provision.

7. Additional Requirements

CONTRACTOR shall collaborate with ASOC/CSOC as an integrated treatment provider.

CONTRACTOR shall collaborate with COUNTY and Community Partners in regional meetings/forums.

CONTRACTOR shall participate, as requested, in ASOC/CSOC treatment planning meeting(s), consultations, and staffing.

CONTRACTOR shall freely exchange information, as allowed by Federal and State statutes, with other ASOC/CSOC providers and agencies.

Electronic Health Records: As COUNTY continues to utilize an Electronic Health Records system, CONTRACTOR shall be required to use the system functionality that is relevant to the scope of work, as requested by COUNTY. This may include the following system functionality: use of the Billing System, Doctors Homepage, E-Prescribing, Medication Notes, and other Electronic Health Record data collection necessary for COUNTY to meet billing and quality assurance goals. COUNTY will train CONTRACTOR on all pertinent elements in order for CONTRACTOR to comply with this requirement.

8. COUNTY Responsibilities

COUNTY ASOC/CSOC will provide a Quality Assurance Team that will:

- Inform CONTRACTOR of COUNTY'S documentation standards, Authorization Procedures, Medical Necessity Requirements and Procedures;
- Provide training as needed;
- Review CONTRACTOR'S procedures; and
- Submit its findings in writing to CONTRACTOR indicating corrective action needed and the appropriate time frames.

COUNTY ASOC/CSOC will also provide a point of contact for CONTRACTOR to forward referrals and discuss the appropriateness of referral for services.

DRAFT

PAYMENT PROVISIONS**1. Payments for Contracted Services:**

- 1.1. Mode 15 services: Mental health crisis, non Medi-Cal billable crisis services, and specialty mental health billings shall be input directly to COUNTY'S online Avatar system by CONTRACTOR. CONTRACTOR will generate a monthly billing report based on CONTRACTOR'S Avatar entry. Reimbursement will be at the Mode 15 rate shown below.

CONTRACTOR shall complete all necessary documents for COUNTY to bill Medi-Cal for crisis services and specialty mental health services.

If applicable, CONTRACTOR shall provide to COUNTY a detailed financial report reflecting client revenues and other third-party revenues for each client on a monthly basis. Accurate fiscal records and supporting documentation shall be maintained by the CONTRACTOR to support all claims for reimbursement.

- 1.2. Mode 60 services: Support services (Mode 60) shall be billed at actual cost, as shown. CONTRACTOR shall submit a manual invoice to COUNTY for these services. For Cost Reporting purposes, these expenses shall be labeled as Mode 60, Service Function 78 - Other Non Medi-Cal Client Support Expenditures.
- 1.3. Couples Counseling services: CONTRACTOR shall submit a manual invoice to COUNTY for these services. CONTRACTOR shall submit one invoice per client couple per calendar month, including a copy of the approved service authorization. Reimbursement will be made at the rate shown below.
- 1.4. In the event a budget change is required, CONTRACTOR shall submit to COUNTY any data requested by COUNTY to explain how CONTRACTOR intends to accommodate the required budget change. All such requested documents shall be forwarded to COUNTY by CONTRACTOR no later than 30 days after COUNTY issues a notice to CONTRACTOR of the change in budget.
- 1.5. CONTRACTOR may not retain more than \$100 in interest earned on federal funds per year per 45 CFR 92.21(i). Interest earned in excess of this amount is to be returned to COUNTY. Any interest retained by CONTRACTOR must be used for administrative expenses. Any interest retained from State General Funds must be used for the purpose for which it was allocated.
- 1.6. CONTRACTOR agrees to hold harmless both the State and beneficiaries in the event the COUNTY cannot or will not pay for services performed by the CONTRACTOR pursuant to this Agreement.
- 1.7. Non-Medi-Cal and Medi-Cal recipients shall be screened financially in accordance with the DMH Uniform Method of Determining Ability to Pay (UMDAP). The recipient's annual liability shall be calculated in accordance with UMDAP effective 10/1/1989. While a Medi-Cal recipient cannot be charged any fees for specific services, the UMDAP establishes their liability should they have to pay and must be maintained as part of the clinical record. Medi-Cal reimbursement rate shall be accepted as payment in full for appropriate Medi-Cal beneficiaries.

This is a fee for services contract. CONTRACTOR will be paid for services at the rates set forth below. All rates are per session unless otherwise noted. This payment provision is subject to modification with approval of the County Contract Administrator and the Revenue and Budget Manager, not to exceed the total payment indicated in Section 3 of the main agreement, and limited to moving identified funding amounts between lines and rate changes within 10% of rate listed in this agreement.

Detailed Budgets are on file and managed by the Contract Administrator, by type of service.

- Treatment services (Mode 15) shall be billed at the rate of **\$2.80 per minute**. CONTRACTOR shall input treatment and billing data into COUNTY’S Avatar software system.
- Specialty mental health treatment services shall be billed at the rate of **\$2.80 per minute**. CONTRACTOR shall input treatment and billing data into COUNTY’S Avatar software system.
- Couples Counseling services shall be billed at the rate of **\$138 per couple per 60-minute session**. CONTRACTOR shall submit a manual invoice to COUNTY on a monthly basis for these services. Support services (Mode 60) shall be billed at actual cost, as included in the following line item budget. CONTRACTOR shall submit a manual invoice to COUNTY at a minimum of monthly for these expenses.
- Crisis Services:

**SIERRA MENTAL WELLNESS GROUP
NORTH LAKE TAHOE AREA CRISIS SERVICES PROGRAM
LINE ITEM BUDGET
FY 22-23**

NORTH LAKE TAHOE AREA CRISIS SERVICES

On site Crisis Specialists
Crisis Specialists
Program Administrator

Total Salaries

Benefits as % of Salaries
Payroll Taxes as % of Salaries

TOTAL PERSONNEL EXPENSES

Other Operating Expenses:

Clinical Supervision (1 hrs/week * \$50/hr)
Staff Development (2 per year/\$200 each)
Job Postings/Recruitment

TOTAL OPERATING EXPENSES

**SUBTOTAL
Program**

ADMINISTRATIVE OVERHEAD

**(See Detail
Below)**

**TOTAL
EXPENSES**

7/1/22-6/30/23			
	Cost / unit	% Allocation	Budget
	\$ 39.00	40%	\$ 32,448
	varies		\$ 27,087
			\$ 1,466
			<hr/>
			\$ 61,001
		13%	\$ 7,930
		12%	\$ 7,320
			<hr/>
			\$ 76,252
			\$ 2,600
			\$ 400
			\$ 500
			<hr/>
			\$ 3,500
			\$ 79,752
		14%	\$ 11,962.73
			<hr/>
			\$ 91,714

Notes:
- 3% increase

PLACER COUNTY INSURANCE AND INDEMNITY REQUIREMENTS

CONTRACTOR shall file with COUNTY concurrently herewith a Certificate of Insurance, in companies acceptable to COUNTY, with a Best's Rating of no less than A-:VII evidencing all coverages, limits, and endorsements listed below:

1. **HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

The CONTRACTOR hereby agrees to protect, defend, indemnify, and hold PLACER COUNTY free and harmless from any and all losses, claims, liens, demands, and causes of action of every kind and character including, but not limited to, the amounts of judgments, penalties, interest, court costs, legal fees, and all other expenses incurred by PLACER COUNTY arising in favor of any party, including claims, liens, debts, personal injuries, death, or damages to property (including employees or property of the COUNTY) and without limitation by enumeration, all other claims or demands of every character occurring or in any way incident to, in connection with or arising directly or indirectly out of, the contract or agreement. CONTRACTOR agrees to investigate, handle, respond to, provide defense for, and defend any such claims, demand, or suit at the sole expense of the CONTRACTOR. CONTRACTOR also agrees to bear all other costs and expenses related thereto, even if the claim or claims alleged are groundless, false, or fraudulent. This provision is not intended to create any cause of action in favor of any third party against CONTRACTOR or the COUNTY or to enlarge in any way the CONTRACTOR'S liability but is intended solely to provide for indemnification of PLACER COUNTY from liability for damages or injuries to third persons or property arising from CONTRACTOR'S performance pursuant to this contract or agreement.

As used above, the term PLACER COUNTY means Placer County or its officers, agents, employees, and volunteers.

2. **INSURANCE:**

CONTRACTOR shall file with COUNTY concurrently herewith a Certificate of Insurance, in companies acceptable to COUNTY, with a Best's Rating of no less than A-:VII showing.

3. **WORKER'S COMPENSATION AND EMPLOYERS LIABILITY INSURANCE:**

Worker's Compensation Insurance shall be provided as required by any applicable law or regulation. Employer's liability insurance shall be provided in amounts not less than one million dollars (\$1,000,000) each accident for bodily injury by accident, one million dollars (\$1,000,000) policy limit for bodily injury by disease, and one million dollars (\$1,000,000) each employee for bodily injury by disease.

If there is an exposure of injury to CONTRACTOR'S employees under the U.S. Longshoremen's and Harbor Worker's Compensation Act, the Jones Act, or under laws, regulations, or statutes applicable to maritime employees, coverage shall be included for such injuries or claims.

Each Worker's Compensation policy shall be endorsed with the following specific language:

Cancellation Notice - "This policy shall not be changed without first giving thirty (30) days prior written notice and ten (10) days prior written notice of cancellation for non-payment of premium to the County of Placer".

Waiver of Subrogation - The workers' compensation policy shall be endorsed to state that the workers' compensation carrier waives its right of subrogation against the County, its officers, directors, officials, employees, agents or volunteers, which might arise by reason of payment under such policy in connection with performance under this agreement by the CONTRACTOR.

CONTRACTOR shall require all SUBCONTRACTORS to maintain adequate Workers' Compensation insurance. Certificates of Workers' Compensation shall be filed forthwith with the County upon demand.

4. GENERAL LIABILITY INSURANCE:

A. Comprehensive General Liability or Commercial General Liability insurance covering all operations by or on behalf of CONTRACTOR, providing insurance for bodily injury liability and property damage liability for the limits of liability indicated below and including coverage for:

(1) Contractual liability insuring the obligations assumed by CONTRACTOR in this Agreement.

B. One of the following forms is required:

- (1) Comprehensive General Liability;
- (2) Commercial General Liability (Occurrence); or
- (3) Commercial General Liability (Claims Made).

C. If CONTRACTOR carries a Comprehensive General Liability policy, the limits of liability shall not be less than a Combined Single Limit for bodily injury, property damage, and Personal Injury Liability of:

→One million dollars (\$1,000,000) each occurrence

→Two million dollars (\$2,000,000) aggregate

D. If CONTRACTOR carries a Commercial General Liability (Occurrence) policy:

(1) The limits of liability shall not be less than:

→One million dollars (\$1,000,000) each occurrence (combined single limit for bodily injury and property damage)

→One million dollars (\$1,000,000) for Products-Completed Operations

→Two million dollars (\$2,000,000) General Aggregate

(2) If the policy does not have an endorsement providing that the General Aggregate Limit applies separately, or if defense costs are included in the aggregate limits, then the required aggregate limits shall be two million dollars (\$2,000,000).

E. Special Claims Made Policy Form Provisions:

CONTRACTOR shall not provide a Commercial General Liability (Claims Made) policy without the express prior written consent of COUNTY, which consent, if given, shall be subject to the following conditions:

(1) The limits of liability shall not be less than:

- One million dollars (\$1,000,000) each occurrence (combined single limit for bodily injury and property damage)
- One million dollars (\$1,000,000) aggregate for Products Completed Operations
- Two million dollars (\$2,000,000) General Aggregate

- (2) The insurance coverage provided by CONTRACTOR shall contain language providing coverage up to one (1) year following the completion of the contract in order to provide insurance coverage for the hold harmless provisions herein if the policy is a claims-made policy.

Conformity of Coverages - If more than one policy is used to meet the required coverages, such as a separate umbrella policy, such policies shall be consistent with all other applicable policies used to meet these minimum requirements. For example, all policies shall be Occurrence Liability policies or all shall be Claims Made Liability policies, if approved by the County as noted above. In no cases shall the types of policies be different.

5. ENDORSEMENTS:

Each Comprehensive or Commercial General Liability policy shall be endorsed with the following specific language:

- A. "The County of Placer, its officers, agents, employees, and volunteers are to be covered as an additional insured for all liability arising out of the operations by or on behalf of the named insured in the performance of this Agreement."
- B. "The insurance provided by the Contractor, including any excess liability or umbrella form coverage, is primary coverage to the County of Placer with respect to any insurance or self-insurance programs maintained by the County of Placer and no insurance held or owned by the County of Placer shall be called upon to contribute to a loss."
- C. "This policy shall not be changed without first giving thirty (30) days prior written notice and ten (10) days prior written notice of cancellation for non-payment of premium to the County of Placer."

6. AUTOMOBILE LIABILITY INSURANCE:

Automobile Liability insurance covering bodily injury and property damage in an amount no less than one million dollars (\$1,000,000) combined single limit for each occurrence.

Covered vehicles shall include owned, non-owned, and hired automobiles/trucks.

7. PROFESSIONAL LIABILITY INSURANCE (ERRORS & OMISSIONS):

Professional Liability Insurance for Errors and Omissions coverage in the amount of not less than (\$1,000,000).

If CONTRACTOR sub-contracts in support of CONTRACTOR'S work provided for in the agreement, Professional Liability Insurance for Errors shall be provided by the sub-contractor in an amount not less than one million dollars (\$1,000,000) in aggregate.

The insurance coverage provided by the CONTRACTOR shall contain language providing coverage up to one (1) year following completion of the contract in order to provide insurance coverage for the hold harmless provisions herein if the policy is a claims-made policy.

8. ADDITIONAL REQUIREMENTS:

Premium Payments - The insurance companies shall have no recourse against the COUNTY and funding agencies, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by a mutual insurance company.

Policy Deductibles - The CONTRACTOR shall be responsible for all deductibles in all of the CONTRACTOR'S insurance policies. The maximum amount of allowable deductible for insurance coverage required herein shall be \$25,000.

CONTRACTOR'S Obligations - CONTRACTOR'S indemnity and other obligations shall not be limited by the foregoing insurance requirements and shall survive the expiration of this agreement.

Verification of Coverage - CONTRACTOR shall furnish the County with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause. All certificates and endorsements are to be received and approved by the County before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the CONTRACTOR'S obligation to provide them. The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

Material Breach - Failure of the CONTRACTOR to maintain the insurance required by this agreement, or to comply with any of the requirements of this section, shall constitute a material breach of the entire agreement.

DRAFT

HIPAA BUSINESS ASSOCIATE AGREEMENT-ADDENDUM

Whereas "COUNTY/Covered Entity" ("CE") wishes to disclose certain information to "CONTRACTOR/Business Associate" ("BA") pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below), and

Whereas CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services ("the HIPAA Regulations") and other applicable laws, and

Whereas BA shall comply with the Business Associate Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act (Section 13001 of Public Law 111-5, the HITECH Act regulations located in 45 CFR 160 & 164), including but not limited to Title 42, United States Code, Section 1320d et seq. and its implementing regulations (including but not limited to Title 45, Code of Federal Regulations (CFR), Parts 160, 162, and 164), and

Whereas BA shall comply with the State of California regulations regarding the reporting of unauthorized releases of protected health information (PHI). The regulations are found in: Health and Safety Code Sections 1280.15, and Section 1280.18; and Civil Code Section 56.05, and

Whereas as part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum, and

Whereas CE will make available and/or be transferring to BA certain information, in conjunction with goods and services to be provided by BA as outlined in the Contract, that is confidential and must be afforded special treatment and protection, and

Whereas BA will have access to and/or receive from CE certain information that can be used or disclosed only in accordance with this Business Associate Agreement-Addendum and the HHS privacy regulations, and

Whereas BA does hereby assure CE that BA will appropriately safeguard protected health information made available to BA, in implementation of such assurance and without otherwise limiting the obligations of BA as set forth in the Contract.

In consideration of the mutual promises below and the exchange of information pursuant to this Addendum, **COUNTY/Covered Entity and CONTRACTOR/Business Associate agree as follows:**

• **DEFINITIONS**

The following terms shall have the meaning ascribed to them in this section. Other terms shall have the meaning ascribed to them in the context in which they first appear.

- 1.1 **CONTRACT** - shall refer to the separate agreement between CE and BA of which this agreement is an Addendum and Exhibit to.
- 1.2 **BREACH** - shall have the meaning given to such term under HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402].
- 1.3 **BREACH NOTIFICATION RULE** - shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

- 1.4 BUSINESS ASSOCIATE - shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- 1.5 COVERED ENTITY - shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- 1.6 COUNTY - shall mean the entity providing/making available the information.
- 1.7 DATA AGGREGATION - shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- 1.8 DESIGNATED RECORD SET - shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- 1.9 ELECTRONIC PROTECTED HEALTH INFORMATION - means Protected Health Information that is maintained in or transmitted by electronic media.
- 1.10 ELECTRONIC HEALTH RECORD - shall have the meaning given to such term in the HITECH Act, including, but not limited to 42 U.S.C. Section 17921.
- 1.11 HEALTH CARE OPERATIONS - shall have the meaning given to such term under the Privacy Rule, including but not limited to, 45 C.F.R. Section 164.501.
- 1.12 INDIVIDUAL - shall mean any person/client/patient who is the subject of the information, is a third-party beneficiary to this Business Associate Agreement - Addendum, and has the same meaning as the term "individual" as defined by 45 CFR 164.501.
- 1.13 INFORMATION - shall mean any "health information" provided to and/or made available by COUNTY to CONTRACTOR, and has the same meaning as the term "health information" as defined by 45 CFR 160.102.
- 1.14 PARTIES - shall mean COUNTY/Covered Entity and CONTRACTOR/Business Associate.
- 1.15 PRIVACY RULE - shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- 1.16 PROTECTED HEALTH INFORMATION or PHI - means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
- 1.17 PROTECTED INFORMATION - shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- 1.18 SECRETARY - shall mean the Secretary of the Department of Health and Human Services ("HHS") and any other officer or employee of HHS to whom the authority involved has been delegated.
- 1.19 SECURITY INCIDENT - shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- 1.20 SECURITY RULE - shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- 1.21 UNSECURED PHI - shall have the meaning given to such term under the HITECH ACT and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. **TERM**

The term of this agreement shall expire when all of the information provided by CE to BA is destroyed or returned to CE pursuant to the remaining Contract provisions. BA agrees to return or destroy all information received or created by BA on behalf of CE and agrees not to retain any copies of information after termination of the Contract. If BA elects to destroy some or all of the information retained, it shall certify to CE that the information has been destroyed. This provision survives termination of the Contract.

3. **OBLIGATIONS OF CONTRACTOR/BUSINESS ASSOCIATE**

The HIPAA Business Associate Agreement (BAA) is required for all contracts in which an individual's protected health information is included in the contract between CE (a covered entity for HIPAA purposes) and a private individual or private business entity (Business Associate for HIPAA purposes). The purpose of the HIPAA Business Agreement is to ensure that the BA, during the performance of its contractual obligations with CE, protects the health information of individuals in accordance with State and Federal regulations.

- 3.1 **Permitted Uses.** BA shall use Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2) and 164.504(e)(4)(i)].
- 3.2 **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv), for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, suspected breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with the Notification of Possible Breach requirements set forth in this Addendum (subparagraph 3.12), to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)].
- 3.3. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Addendum, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operation purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- 3.4 **Appropriate Safeguards.** BA shall implement appropriate safeguards to prevent the use or disclosure of Protected Information other than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security

Rule, including, but not limited to, 45 C.F.R. Sections 164.308, 164.310, and 164.312. [45 C.F.R. Section 164.504(e)(2)(ii)(B); 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the Security rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931].

- 3.5 **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such Protected Information and implement the safeguards required by paragraph 3.4 above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)] BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation [45 C.F.R. Sections 164.530(f) and 164.530(e)(1)].
- 3.6 **Access to Protected Information.** If BA maintains a designated record set on behalf of CE, BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within five (5) days of a request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. Section 164.524.
- 3.7 **Amendment of PHI.** If BA maintains a designated record set on behalf of CE, within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- 3.8 **Accounting Disclosures.** Promptly upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures which would allow CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. If a patient submits a request for an accounting directly to BA or its agents or subcontractors, BA shall within five (5) days of the request forward it to CE in writing.
- 3.9 **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(A)(2)(ii)(I)]. BA shall provide CE a copy

of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

- 3.10 **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)] BA understands and agrees that the definition of “minimum necessary” is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes “minimum necessary.”
- 3.11 **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- 3.12 **Notification of Possible Breach.** BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of Protected Information; any use or disclosure of Protected Information not permitted by the Contract or Addendum; any security incident (i.e., any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in and information system) related to Protected Information, and any actual or suspected use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited to, 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(c); 45 C.F.R. Section 164.308(b)].
- 3.13 **Breach Pattern or Practice by Business Associate’s Subcontractors and Agents.** Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(ii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent’s obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent’s obligations under the Contract or Addendum or other arrangement within five (5) days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- 3.14 **Audits, Inspection and Enforcement.** Within ten (10) days of a request by CE, BA and its agents and subcontractors shall allow CE or its agents or subcontractors to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum or maintains adequate security safeguards; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing, and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA’s facilities, systems, books, records, agreements, policies, and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE’s (i) failure to detect or (ii) detection, but failure to notify BA or require BA’s remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE’s enforcement rights under the Contract or Addendum. BA shall notify CE within five (5) days of learning that BA has become the subject of

an audit, compliance review, or complaint investigation by the Office of Civil Rights or other state or federal government entity.

4. HIPAA COMPLIANCE PLAN REQUIREMENT

In order to ensure that the BA complies with Federal and State regulations regarding protected health information, the BA shall submit a "HIPAA Compliance Plan" to the CE describing:

- 4.1 The training of staff and any subcontractors regarding HIPAA and State regulations.
- 4.2 A process for tracking the training of staff and subcontractors.
- 4.3 A process for staff and subcontractors to report any breaches of protected health information. This shall include employee disciplinary procedures for employees who violate HIPAA guidelines, and whistle blower protection for staff reporting breaches.
- 4.4 A description of how the BA plans to secure and safeguard electronically stored health information. This shall include at a minimum, descriptions of passwords, encryption, and any other technology designed to prevent unauthorized access to protected health information.
- 4.5 A process for reviewing security measures and identifying areas of potential risk for a breach, a plan for mitigating identified risks, and assurance that such risk evaluation shall be conducted annually.

5. DATA AGGREGATION SERVICES

BA is also permitted to use or disclose information to provide data aggregation services as that term is defined by 45 CFR 164.501, relating to the health care operations of CE.

6. TERMINATION

A breach by BA of any provision of this Addendum, as determined by CE shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)]. CE may terminate the Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has joined. Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of this Addendum to such information, and limit further use and disclosure of such PHI to those persons that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(ii)(2)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

7. ADDITIONAL BREACH GROUNDS

Any non-compliance by BA with the provisions of this Business Associate Agreement Addendum or the HHS privacy regulations will automatically be considered grounds for breach if BA knew or reasonably should have known of such non-compliance and failed to immediately take reasonable steps to cure the non-compliance.

8. INJUNCTIVE RELIEF

Notwithstanding any rights or remedies provided for in the Contract, CE retains all rights to seek injunctive relief to prevent or stop unauthorized use or disclosure of information by BA or any agent, subcontractor or third party recipient of information from BA.

9. AMENDMENTS

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or Addendum may be required to provide for procedures to

ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of the amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

10. DISCLAIMER

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

11. LITIGATION OR ADMINISTRATIVE PROCEEDINGS

BA shall notify CE within forty-eight (48) hours of any litigation or administrative proceedings commenced against BA or its agents or subcontractors. In addition, BA shall make itself, and any subcontractors, employees and agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its supervisors, directors, officers, managers or employees based upon a claimed violation of HIPAA, the HITECH Act, the HIPAA regulations, or other state or federal laws relating to security and privacy, except where the BA or its subcontractors, employees or agents are a named adverse parties.

12. NO THIRD PARTY BENEFICIARIES

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

13. EFFECT ON CONTRACT

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

14. INTERPRETATION

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the HIPAA regulations, and other state and federal laws related to security and privacy. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the HIPAA regulations, and other state and federal laws related to security and privacy.

15. SOFTWARE SECURITY

If applicable, BA warrants that software security features will be compatible with the CE's HIPAA compliance requirements.

This HIPAA Business Associate Agreement-Addendum shall supersede any prior HIPAA Business Associate Agreements between CE and BA.

Reporting Exhibit

CONTRACTOR agrees to provide COUNTY with reports that may be required by County, State or Federal agencies for compliance with this Agreement including and not limited to:

- CONTRACTOR shall submit quarterly status reports and a final annual report to COUNTY which reflect progress made in implementing the services and achieving any outcomes set forth in the Scope of Services exhibit, and to assure CONTRACTOR'S compliance with contract terms. Said annual report shall be submitted by August 31 for the preceding fiscal year.
- CONTRACTOR shall make annual client outcome information available to COUNTY within 60 days of fiscal year end. Outcome data will be based upon the full array of services provided and how those services advanced the functional improvement of the client. Functional improvement will be measured by the disposition of the client at discharge.

DRAFT

Federally Funded Contracts

COUNTY will inform CONTRACTOR of any changes related to funding sources or amounts in this agreement as a result of COUNTY's Quarterly funding reviews. If changes are needed to reflect updated Federal Funding, this Exhibit is subject to modification with written approval of the County Contract Administrator and the Revenue and Budget Manager, and CONTRACTOR will receive the updated Exhibit.

- 1. SINGLE AUDIT OF FEDERAL FUNDS:** CONTRACTOR acknowledges that this Agreement is funded in whole or in part with federal funds. Local governments and non-profit organizations that expend a combined total of more than \$750,000 in federal financial assistance (from all sources including CFDA Program Name _____) in any fiscal year must have a single audit for that year. CONTRACTOR agrees to provide a copy of the Single Audit report and/or other types of required audit reports, within the earlier of 30 days after receipt of the report or nine months after the end of the audit period, whichever occurs first, or unless a longer period is agreed to in advance by the COUNTY with approval from the cognizant or oversight agency. The report(s) shall be submitted to the address below:

Placer County Health and Human Services
Attn: HHS Internal Audit
3091 County Center Drive, Suite 290
Auburn, CA 95603

- 2. FEDERAL AWARD IDENTIFICATION:**

Subgrantee Name: Contractor Name
Subgrantee DUNS Number: _____
Federal Award Identification Number (FAIN): _____
Federal Funds Obligated to the Subgrantee under this Agreement: \$ _____
Federal Awarding Agency: Name of Agency
Pass Through Entity: County of Placer, Health and Human Services Department
Catalog of Federal Domestic Assistance (CFDA) Name: _____
CFDA Number: _____
Research and Development Grant: Yes (Project Grant) / No (Formula Grant)
Indirect Cost Rate: 10% / Not Applicable

Should the Subgrantee be determined to be a Subrecipient, pursuant to the criteria of 2 CFR Part 200 (the "Uniform Guidance"), the Subrecipient shall be subject to the Subrecipient Monitoring requirements outlined in the Uniform Guidance. Per 2 CFR Section 200.331, all pass-through entities must ensure that every sub-award is clearly identified to the subgrantee as a sub-award. As part of the Subrecipient Monitoring requirements, additional information will be provided to CONTRACTOR at the time of the of the subaward or when modified. Authorized Federal, State and County representatives shall have the right to monitor and evaluate the Subrecipient's administrative, fiscal and program performance pursuant to this Agreement. The Subrecipient agrees to cooperate with monitoring and evaluation processes and will make any administrative program and fiscal staff available during scheduled monitoring processes including but not limited to administrative processes, policies, procedures and procurement, audits, inspections of project premises, and interviews of project staff and participants.

Certification Regarding Lobbying

CERTIFICATION REGARDING LOBBYING AND DISCLOSURE OF LOBBYING ACTIVITIES:

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractors, subgrants, and contracts under grants and cooperative agreements) of \$100,000 or more, and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Sierra Mental Wellness Group

Name of Contractor

HHS000495

Contract/Grant Number

Date

Printed Name of Person Signing for Contractor

Signature of Person Signing for Contractor

Title

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB 0348-0046

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p>b. grant</p> <p>c. cooperative agreement</p> <p>d. loan</p> <p>e. loan guarantee</p> <p>f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. bid/offer/application</p> <p>b. initial award</p> <p>c. post-award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p>b. material change</p> <p>For Material Change Only:</p> <p>Year ____ quarter ____</p> <p>date of last report ____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee</p> <p>Tier ____, if known:</p> <p>Congressional District, If known:</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District, If known:</p>	
<p>6. Federal Department/Agency</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p> <p>\$ _____</p>	
<p>10.a. Name and Address of Lobbying Registrant (If individual, last name, first name, MI):</p>	<p>b. Individuals Performing Services (including address if different from 10a. (Last name, First name, MI):</p>	
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person that fails to file the required disclosure shall be subject to a not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p>	
	<p>Print Name: _____</p>	
	<p>Title: _____</p>	
	<p>Telephone No.: _____ Date: _____</p>	
<p>Federal Use Only</p>		<p>Authorized for Local Reproduction Standard Form-LLL (Rev. 7-97)</p>

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001".
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10.
 - (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

County Facility or Equipment to be Used by Contractor

Special Terms and Conditions including Security Standards for Placer County Data Network

1. Use at County's Discretion. Use of County facilities or equipment is made at County's sole discretion. County may discontinue use of County facilities or equipment by CONTRACTOR upon reasonable notice. County reserves the right to provide substitute facilities or equipment at its discretion. County reserves the right to pre-approve all CONTRACTOR personnel who are to use County facilities or equipment. County reserves the right to require CONTRACTOR to remove any of CONTRACTOR'S personnel from County facilities or to discontinue use of County equipment.
2. Property Rights. All County facilities, equipment and data will remain under the sole ownership, custody and control of County and CONTRACTOR is not granted any property interest therein. CONTRACTOR shall only use County's facilities and equipment for the purposes of fulfilling its obligations to County under this Agreement. County may access any and all electronic or paper data and records created, transmitted, or accessed utilizing County equipment or while on County property.
3. Compliance with Laws and Regulations. CONTRACTOR and its employees shall comply at all times with all applicable laws, regulations, ordinances, and County policies regarding use of the County's facilities and equipment.
4. Confidentiality. CONTRACTOR and its employees are responsible for maintaining as confidential any confidential information of County's or any third party, acquired in the course of using County's facilities or equipment.
5. Conduct and Cooperation. CONTRACTOR and its employees and representatives are subject to the same rules of conduct as County's employees when using County facilities and equipment. Contractor and its employees may be subject to additional clearances, obligations, and conditions depending on the nature of the County facility or equipment being utilized. CONTRACTOR and its employees will cooperate with County in providing any additional information, signing any forms or acknowledgments, and in reasonably participating as a potential witness in any investigations undertaken under County policies in which CONTRACTOR or its employees might have information.
6. Third Parties. CONTRACTOR may not permit any other person to occupy or use County's facilities or equipment, including by placing such person's equipment in a County space, without first obtaining County's written consent to do so. Such consent may be withheld by County is County's sole discretion.
7. Co-located CONTRACTOR Employees. Co-location of CONTRACTOR'S employees at County facilities is discouraged and co-location will only be authorized in extraordinary circumstances as necessary to fulfill important service obligations under this Agreement. Such circumstances are not present here. Co-located Contractor employees will be required to pass a back-ground check and acknowledge familiarity with identified County policies and procedures. Co-located Contractor employees will also participate in any trainings deemed necessary by COUNTY.
8. If CONTRACTOR is given access to COUNTY'S electronic billing system through a County Data Network and/or Cloud resources CONTRACTOR shall utilize COUNTY electronic billing system to admit,

discharge, enter service charges, check financial eligibility, and run reports specific to their clients. CONTRACTOR shall be allowed to only view their assigned programs and clients. CONTRACTOR agrees to report to the Contract Administrator any inadvertent viewing of information that is outside their assigned programs and clients.

9. CONTRACTOR must abide by the Placer County Information Security Policies and Information Security Acceptable Use Policy. Some important excerpts are listed below.

9.1 PURPOSE and DEFINITIONS

Placer County maintains as part of its information technology platform a computer network that includes hardware and software, voicemail, file servers, electronic mail (email), systems that allow access to the internet, cloud-based computing programs and processes, and other electronic pathways. These systems are provided to assist in the conduct of County business within Placer County. Based on CONTRACTOR access, the following applies in whole or in part.

9.2 POLICY

9.2.1 Ownership and Control

All components of the Placer County Technology Platform, including voicemail, email messages sent and received, files and records created or placed on any County file server, and all data placed onto or accessed by the County's computer network including internet access, are and remain either the property of or under the control of Placer County and not the User.

9.2.2 Access and Privacy

Placer County, through the Department of Information Technology (IT), has access to all information technology and electronic equipment and data (computer, voicemail, email, directories, files, electronic records, and Internet and Cloud access). Placer County reserves the right to retrieve and review any voicemail, email, directory, file, record or Internet access records composed, sent, accessed by, or received on its systems.

9.2.2.1 Users should be aware that, even when a message or file is erased or a visit to a website is closed, it is still possible to recreate the message, file or Internet access records.

9.2.2.2 All communications, including text and images may be disclosed by management to third parties or law enforcement, and/or may be used by management for any other lawful purpose including discipline or vendor disputes without prior consent of the sender or receiver.

9.2.2.3 Users have no right to privacy as to any information or file stored on or transmitted through Placer County's computer systems including the internet and cloud, voicemail system, email or other technical resources.

9.2.3 Authorization and Accountability

10.2.3.1 Each individual must have a separate log-in account and password for network use.

9.2.4 Passwords

Passwords are an important aspect of computer security. A poorly chosen password may result in unauthorized access and/or exploitation of Placer County's resources. All users, including

contractors and vendors with access to the County's systems, are responsible for the creation and protection of passwords and additionally any updates to County Password policies must be followed. Users must not use the same password for Placer County accounts and personal accounts.

The reliability of passwords for maintaining confidentiality cannot be guaranteed. Always assume that someone, in addition to the intended or designated recipient, may read any and all messages and files. Any user suspecting that his/her password may have been compromised must, without delay, report the incident to Placer County IT.

9.2.4.1 Passwords must never be shared or disclosed. If a password is accidentally exposed or suspected of exposure, the password should be changed immediately.

9.2.4.2 All passwords must be changed on a specified, periodic basis.

9.2.4.3 Default passwords provided by the vendor for access to applications/systems on the network must be changed to unique and secret passwords.

10.2.4.4 Immediately inform the Information Technology Service Desk when user accounts are no longer required or will not be used for a period of 30 days or more.

9.2.4.5 All accounts not used for 90 days will be automatically disabled.

9.2.5 Authorized Access

9.2.5.1 Users may access only the messages, files, or programs that they have authorization to use and where that use, or access is actually needed to perform their work duties. Unauthorized review, duplication, dissemination, removal, damage, or alteration of files, passwords, computer systems or programs, voicemail messages, or other property of Placer County, or improper use of information obtained by authorized means is a violation of this Policy.

9.2.5.2 Access to any internet-based site, including Cloud or social media site, is limited to Placer County IT approved sites and access or use may be prohibited by Placer County IT on the ground that the access poses an unreasonable risk to County network security, or the site primarily includes content that is prohibited under this Policy.

9.2.5.3 Attempts to circumvent protection mechanisms and standards to gain unauthorized access will be subject to disciplinary action.

9.2.5.4 Vendors must comply with Placer County security standards and it is the responsibility of the department involved to monitor this compliance.

9.2.5.5 Security vulnerabilities and suspicious or illicit use of information technologies should be reported to your immediate supervisor or the Information Technology Service Desk.

9.2.5.6 Only authorized staff should maintain, move or modify County network systems and components.

9.2.5.7 If removable media devices are used, they must be scanned with an antivirus solution when plugged into the Placer County network.

9.2.5.8 Licensing requirements and copyright laws must be adhered to.

9.2.5.9 All department supported systems and devices must be maintained with the current security patches and updates.

9.2.5.10 Security lifecycle practices must be practiced in all development cycles.

9.2.5.11 Per the Placer County Information Security Program Charter, data sensitivity is established by the department owning the information. All sensitive or confidential data must be protected in transit and when stored.

9.2.5.12 Applications should employ Single Sign On technology.

9.2.5.13 Business critical systems and data must be backed up with periodically validated processes.

9.2.6 Prohibited Activities

To prevent computer viruses from being transmitted, to protect Placer County information and records, Users are prohibited from performing the following activities without first obtaining authorization from the IT Department. Authorization may occur individually, pursuant to a pre-approved list of allowable programs or activities, or by provision of a product approved by the IT Department to a department, User, or to the County generally. The following activities are otherwise prohibited:

9.2.6.1 Do not download any software onto a County computer, network drive, or mobile communications device.

9.2.6.2 Do not transfer, that is upload or download, documents, videos or information to or from an unauthorized Cloud based service or related website.

9.2.6.3 Do not plug non-County devices into the network.

9.2.6.4 Disconnect remote sessions to the network when the work is completed.

9.2.7 Violations

9.2.7.1 Placer County management may advise appropriate law enforcement officials of any alleged illegal acts related to use of any component of the County's Technology Platform.

9.2.7.2 The Department of Information Technology may revoke or limit the use or access of any User for violations of this Policy. The Chief Information Officer reserves the right to deviate from this policy in emergency circumstances.

10. Notification of Data Security Incident. For purposes of this section, "Data Security Incident" is defined as unauthorized access to the CONTRACTOR'S business and/or business systems by a third party, which access could potentially expose County data or systems to unauthorized access, disclosure, or misuse. In the event of a Data Security Incident, CONTRACTOR must notify County within 48 hours. Notice should be made to ITSEC@placer.ca.gov and HHSCONTRACTS@placer.ca.gov. Notice under this section must include the date of incident and CONTRACTOR'S systems and/or locations which were affected. The duty to notify under this section is broad, requiring disclosure whether or not any impact to

County data is known at the time, to enable County to take immediate protective actions of its data and cloud environments. Failure to notify under this section is a material breach, and County may immediately terminate the Agreement for failure to comply.

DRAFT

Information Security Requirements

1. Data Location

- 1.1. The CONTRACTOR shall not store or transfer non-public COUNTY data outside of the United States. This includes backup data and Disaster Recovery locations. The CONTRACTOR will permit its personnel and contractors to access COUNTY data remotely only as required to provide technical support. (Remote access to data from outside the continental United States is prohibited unless approved in advance and in writing by the County.)
- 1.2. The CONTRACTOR must notify the COUNTY in advance and in writing of any location changes to CONTRACTOR's data center(s) that will process or store County data.

2. Data Encryption

- 2.1. For all COUNTY data, The CONTRACTOR shall encrypt all non-public **data in transit** regardless of the transit mechanism.
- 2.2. For all COUNTY data, if the CONTRACTOR stores sensitive personally identifiable or otherwise confidential information, this data shall be **encrypted at rest**. Examples are social security number, date of birth, driver's license number, financial data, federal/state tax information, and hashed passwords.
- 2.3. For all COUNTY data, the CONTRACTOR's encryption shall be consistent with validated cryptography standards as specified in National Institute of Standards and Technology Security Requirements as outlined at <http://nvlpubs.nist.gov/nistpubs/Legacy/SP/nistspecialpublication800-111.pdf>

3. Sub-Contractor Disclosure

- 3.1. The CONTRACTOR shall ensure its subcontractors, vendors, agents, and suppliers acting on behalf or, or through CONTRACTOR comply with all COUNTY Information Security Requirements.

4. Business Continuity

- 4.1. CONTRACTOR shall provide and maintain a business continuity and disaster recovery plan that achieves the County's Recovery Time Objective (RTO) and Recovery Point Objective (RPO), as set forth below, and specifically incorporated herein.
 - 4.1.1. Recovery Time Objective is the duration of time within which a service, business process or application must be restored after an outage to avoid unacceptable consequences associated with a break in continuity of business
 - 4.1.2. Recovery Point Objective is the maximum acceptable amount of data loss after an unplanned outage expressed as an amount of time. Example: If RPO is 4 hours, only a maximum of 4 hours worth of data can be lost. Backups should be maintained at intervals of every 4 hours.

5. Breach Notification

- 5.1. CONTRACTOR shall notify the COUNTY's contract administrator concerning any breach of COUNTY data or any data incident involving CONTRACTOR's data in which the security of COUNTY data systems may be compromised within 24 hours of the breach or incident.

**ASSURANCE OF COMPLIANCE AGREEMENT
NONDISCRIMINATION IN STATE AND FEDERALLY-ASSISTED PROGRAMS**
(Per CDSS All County Information Notice No. I-44-00)

In accordance with the California Department of Social Services (CDSS), all contractors providing services funded through CDSS are required to comply with the requirements of CDSS Manual of Policies and Procedures, Division 21. CONTRACTOR shall, concurrent with this Agreement, execute and comply with all requirements contained herein. CONTRACTOR and CONTRACT ADMINISTRATOR shall, with oversight from the COUNTY Civil Rights Coordinator, develop and implement a plan to allow COUNTY to monitor CONTRACTOR'S non-discrimination and civil rights policies and procedures, as required by CDSS. Monitoring shall include, but is not limited to: accommodation of individuals with hearing impairments, visual impairments and other disabilities; appropriate language services, including bilingual interpreters available to provide services and how written information is effectively communicated to non-English-speaking and limited-English-proficient individuals; adequate CONTRACTOR staff training in the civil rights and cultural awareness requirements of Division 21; and procedures on informing participants of their civil rights.

CONTRACTOR hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; the Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code, Section 51 et seq., as amended; California Government Code, Section 11135-11139.5, as amended; California Government Code, Section 12940(c), (h)(1), (i), and (j); California Government Code, Section 4450; 2 CCR §11140 – 11200; the Dymally-Alatorre Bilingual Services Act; Section 1808 of the Removal of Barriers to Inter Ethnic Adoption Act of 1996, and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91; 7 CFR Part 15; and 28 CFR Part 35], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of age, sex, color, disability, national origin, race, marital status, religion or political affiliation be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and hereby gives assurance that it will immediately take any measures necessary to effectuate this Agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and the CONTRACTOR hereby gives assurance that administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

By accepting this assurance, the CONTRACTOR agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

This assurance is binding on the CONTRACTOR directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

Mental Health Contracts - Special Terms and Conditions

1. **MENTAL HEALTH REQUIREMENTS:** CONTRACTOR shall comply with all applicable provisions of the COUNTY MHP contract, available from COUNTY upon request. All services, documentation, and reporting shall be provided in conformity with the requirements of all pertinent laws, regulations, and COUNTY requirements including, but not limited to, payment authorizations, utilization review, beneficiary brochure and provider lists, service planning, cooperation with the State Mental Health Plan's Quality Improvement (QI) Program, and cost reporting are located at: <https://www.placer.ca.gov/DocumentCenter/View/2455/Department-of-Health-Care-Services-Mental-Health-Provider-17-94602-PDF>

2. **MENTAL HEALTH COST REPORT:** Pursuant to Section 14705 (c) of the California Welfare and Institutions Code, COUNTY must provide cost reporting to the State in relation to this contract. CONTRACTOR agrees to provide COUNTY with an annual cost report in accordance with the California Department of Health Care Services (DHCS) requirements no later than October 31st for the preceding fiscal/contractual year. CONTRACTOR agrees that failure to provide said report prior to November 1st may result in a penalty of **\$100 per calendar day** until the cost report is received by COUNTY. At the COUNTY'S discretion payment of said penalties may be scheduled for direct submission to the COUNTY or as an offset of a future bill for services under this Agreement or a subsequent agreement for like services.

It is agreed between COUNTY and CONTRACTOR that the rate stated above is intended to represent the CONTRACTOR'S actual cost as presented in the required year-end cost report. Should the year-end cost report reflect a rate that is less than that stated herein, CONTRACTOR agrees to reimburse COUNTY for all amounts paid in excess of the year-end cost report rate. Reimbursement shall be remitted to COUNTY not later than December 31st for the preceding fiscal/contractual year.

3. **SERVICES TO BE PERFORMED:** See Exhibit A, Attachments 1 through 14 for a detailed description of the services to be performed in accordance with the DHCS agreement with Placer County. Including having hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which CONTRACTOR offers services to non-Medi-Cal beneficiaries. If CONTRACTOR only serves Medi-Cal beneficiaries, hours of operation shall be comparable to the hours that the COUNTY makes available for Medi-Cal services that are not covered by CONTRACTOR or another Mental Health Plan. The full agreement is located at: <https://www.placer.ca.gov/DocumentCenter/View/2455/Department-of-Health-Care-Services-Mental-Health-Provider-17-94602-PDF>

4. **ELECTRONIC AND INFORMATION TECHNOLOGY ACCESSIBILITY REQUIREMENTS UNDER THE REHABILITATION ACT OF 1973 AND THE AMERICANS WITH DISABILITIES ACT OF 1990:** CONTRACTOR agrees to ensure that deliverables developed and produced pursuant to this Agreement shall comply with the accessibility requirements of Sections 7405 and 11135 of the California Government Code, 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973 as amended (29 U.S.C. § 794 (d)), regulations implementing Part 1194 of Title 36 of the Code of Federal Regulations (C.F.R.), and the portions of the Americans with Disabilities Act of 1990 related to electronic and IT accessibility requirements and implementing regulations (42 U.S.C. § 12101 et seq.). In 1998, Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. California Government Code sections 7405 and 11135 codifies section 508 of the Act requiring accessibility of electronic and information technology.

5. **CULTURAL COMPETENCE:**
 - 5.1. The CONTRACTOR shall participate in the State's efforts to promote the delivery of services in a culturally competent manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual

orientation or gender identity. (42 C.F.R. § 438.206(c)(2))

- 5.2. The CONTRACTOR shall comply with the provisions of the CONTRACTOR'S Cultural Competence Plan submitted and approved by the Department. The CONTRACTOR shall update the Cultural Competence Plan and submit these updates to the Department for review and approval annually. (Cal. Code Regs., tit. 9, § 1810.410, subds. (c)-(d))
- 5.3. The CONTRACTOR shall ensure that all employees who provide direct services attend a minimum of one Cultural Competence training per fiscal year. CONTRACTOR will provide County Contract Administrator with evidence of completion of training.
- 5.4. If CONTRACTOR has an individual requesting culturally specific services, they must inform the COUNTY immediately upon request by the individual.
- 5.5. CONTRACTOR shall Implement and adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care. CONTRACTOR shall provide language access to clients in the client's preferred language through bi-lingual staff and/or through alternative mechanisms such as a language line. CONTRACTOR shall adhere to the COUNTY'S Quality Management for guidelines in submitting CLAS Standards.
- 5.6. The CONTRACTOR shall make oral interpretation and the use of auxiliary aids such as Teletypewriter Telephone/Text Telephone (TTY/TDY) and American Sign Language (ASL), available free of charge to each beneficiary. This applies to all non-English languages and not just those identified as threshold or prevalent. The CONTRACTOR shall notify beneficiaries, prospective beneficiaries, and members of the public that these services are available free of charge, for any language and written information is available in prevalent languages and how to access those services in accordance with 42 C.F.R. § 438.10(d)(2)-(5), and Welf. & Inst. Code 14727(a)(1)-(2), and Cal. Code Regs., tit. 9, § 1810.410.
- 5.7. The CONTRACTOR shall provide all written materials for potential enrollees and enrollees in an easily understood language and format. Provide all written materials for potential enrollees and enrollees in a font size no smaller than 12 point. The CONTRACTOR shall make its written materials that are critical to obtaining services, including, at a minimum, provider directories, beneficiary handbooks, appeal and grievance notices, denial and termination notices, or any other notice of action, and mental health education materials used by the CONTRACTOR, available in alternative formats including in the prevalent non-English languages of the County, at no cost (42 C.F.R. 438.10(d)).
- 5.8. The CONTRACTOR shall notify beneficiaries, prospective beneficiaries, and members of the public that written translation is available in prevalent languages free of cost and how to access those materials. (42 C.F.R. 438.10(d)). Welf. & Inst. Code 14727(a)(1) Cal. Code Regs., tit. 9, § 1810.410.
- 5.9. The CONTRACTOR shall ensure its written materials, including those critical to obtaining services:
 - 5.9.1. Are available in alternative formats, upon request of the potential enrollee or enrollee at no cost.
 - 5.9.2. Include taglines in the prevalent non-English languages in the state, explaining the availability of written translation or oral interpretation to understand the information provided (42 C.F.R. § 438.10(d)(2)-(3); Welf. & Inst. Code, § 14727(b), (c)(1)-(2)).
 - 5.9.3. Include taglines in the prevalent non-English languages in the state, explaining the availability of the toll-free and Teletypewriter Telephone/Text Telephone (TTY/TDY) telephone number of the CONTRACTOR'S member/customer service unit (42 C.F.R. § 438.10(d)(2)-(3); Welf. & Inst. Code, § 14727(b), (c)(1)-(2))

6. **NON DISCRIMINATION**

- 6.1. Consistent with the requirements of applicable federal law, such as 42 Code of Federal Regulations, part 438.3(d)(3) and (4), and state law, CONTRACTOR shall not engage in any unlawful discriminatory practices in the admission of beneficiaries, assignments of accommodations, treatment, evaluation, employment of personnel, or in any other respect any ground protected under federal or state law, including sex, race, color, gender, gender identity,

religion, marital status, national origin, ethnic group identification, ancestry, age, sexual orientation, medical condition, genetic information, or mental or physical handicap or disability. (42 U.S.C. § 18116; 42 C.F.R. § 438.3(d)(3-4); 45 C.F.R. § 92.2 ; Gov. Code § 11135(a); Welf. & Inst. Code § 14727(a)(3))

6.2. CONTRACTOR shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. § 794), prohibition of exclusion, denial of benefits, and discrimination against qualified individuals with a disability in any federally assisted programs or activities, and shall comply with the implementing regulations in Parts 84 and 85 of Title 45 of the C.F.R., as applicable.

6.3. The CONTRACTOR shall post, in conspicuous physical locations where the CONTRACTOR interacts with the public and on the internet website published and maintained by the CONTRACTOR, in a manner that allows beneficiaries, prospective beneficiaries, and members of the public to easily locate the information (1) a Department-approved nondiscrimination notice and (2) language taglines in a visible font size, no smaller than 12 point, in English, in the top 15 non-English languages in the State, and any other languages, as determined by the Department, explaining the availability of free language assistance services, including written translation and oral interpretation, and information on how to request auxiliary aids and services, including materials in alternative formats. The nondiscrimination notice and taglines shall include the toll-free and TTY/TDY telephone number of the Contractor's member/customer service unit for obtaining these services and shall be posted. (42 C.F.R. § 438.10(d)(2)-(3), (6); Welf. & Inst. Code, § 14727(b), (c)(1)-(2))

7. **REGARDING IHCP/INDIAN ENROLLEES:** The CONTRACTOR shall ensure that any Indian enrolled in the Mental Health Plan, and eligible to receive services from an Indian health care provider (IHCP) participating as a network provider, is permitted to choose that IHCP as their provider, as long as that provider has capacity to provide the services (42 C.F.R. § 438.14(b)(3)). The CONTRACTOR shall ensure Indian beneficiaries are permitted to obtain covered services from out-of-network IHCPs from whom the beneficiary is otherwise eligible to receive such services. The CONTRACTOR must permit an out-of-network IHCP to refer an Indian enrollee to a network provider.

IHCPs, whether participating or not, shall be paid for covered services provided to Indian beneficiaries, who are eligible to receive services at a negotiated rate between the MHP and IHCP or, in the absence of a negotiated rate, at a rate not less than the level and amount of payment the managed care entity would make for the services to a participating provider that is not an IHCP.

8. **SMOKE-FREE WORKPLACE CERTIFICATION:** Applicable to federally funded agreements/grants and subcontracts/subawards, that provide health, day care, early childhood development services, education or library services to children under 18 directly or through local governments. (Exhibit D(F) Section 21)

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible party.

By signing this Agreement, CONTRACTOR certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The prohibitions herein are effective December 26, 1994.

CONTRACTOR further agrees that it will insert this certification into any subawards (subcontracts or subgrants) entered into that provide for children's services as described in the Act.

9. PROHIBITED AFFILIATION:

- 9.1. The CONTRACTOR shall not knowingly have any prohibited type of relationship with the following:
 - 9.1.1. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. (42 C.F.R. § 438.610(a)(1))
 - 9.1.2. An individual or entity who is an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101, of a person described in this section. (42 C.F.R. § 438.610(a)(2))
- 9.2. The CONTRACTOR shall not have a prohibited type of relationship by employing or contracting with providers or other individuals and entities excluded from participation in federal health care programs (as defined in section 1128B(f) of the Social Security Act) under either Section 1128 (42 U.S.C. 1320a-7), 1128A (42 U.S.C. 1320a-7a), 1156 (42 U.S.C. 1320c-5), or 1842(j)(2) (42 U.S.C. § 1395u(j)(2)) of the Social Security Act. (42 C.F.R. §§ 438.214(d)(1), 438.610(b))
- 9.3. The CONTRACTOR shall not have types of relationships prohibited by this section with an excluded, debarred, or suspended individual, provider, or entity as follows:
 - 9.3.1. A director, officer, agent, managing employee, or partner of the CONTRACTOR. (42 U.S.C. § 1320a-7(b)(8)(A)(ii); 42 C.F.R. § 438.610(c)(1))
 - 9.3.2. A subcontractor of the CONTRACTOR, as governed by 42 C.F.R. § 438.230. (42 C.F.R. § 438.610(c)(2))
 - 9.3.3. A person with beneficial ownership of 5 percent or more of the CONTRACTOR'S equity. (42 C.F.R. § 438.610(c)(3))
 - 9.3.4. An individual convicted of crimes described in section 1128(b)(8)(B) of the Act. (42 C.F.R. § 438.808(b)(2))
 - 9.3.5. A network provider or person with an employment, consulting, or other arrangement with the CONTRACTOR for the provision of items and services that are significant and material to the CONTRACTOR'S obligations under this Contract. (42 C.F.R. § 438.610(c)(4))
 - 9.3.6. The CONTRACTOR shall not employ or contract with, directly or indirectly, such individuals or entities for the furnishing of health care, utilization review, medical social work, administrative services, management, or provision of medical services (or the establishment of policies or provision of operational support for such services). (42 C.F.R. § 438.808(b)(3))
- 9.4. The CONTRACTOR shall provide to the Department written disclosure of any prohibited affiliation identified by the CONTRACTOR or its subcontractors. (42 C.F.R. §438.608(c)(1))

10. DISCLOSURES

- 10.1. Disclosure of 5% or more of ownership interest: CONTRACTOR shall submit the disclosures below to the COUNTY regarding CONTRACTOR (disclosing entities') ownership and control. Disclosures shall be submitted upon application, before entering into or renewing a contract, within 35 days after any change in the CONTRACTOR ownership, annually and upon request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104.
 - 10.1.1. Disclosures to be provided:
 - 10.1.1.1. The name and address of any person (individual or corporation) with an ownership or control interest in the network provider. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;

- 10.1.1.2. Date of birth and Social Security Number (in the case of an individual);
 - 10.1.1.3. Other tax identification number (in the case of a corporation with an ownership or control interest in the managed care entity or in any subcontractor in which the managed care entity has a 5 percent or more interest);
 - 10.1.1.4. Whether the person (individual or corporation) with an ownership or control interest in the CONTRACTOR'S network provider is related to another person with ownership or control interest in the same or any other network provider of the CONTRACTOR as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the managed care entity has a 5 percent or more interest is related to another person with ownership or control interest in the managed care entity as a spouse, parent, child, or sibling;
 - 10.1.1.5. The name of any other disclosing entity in which the CONTRACTOR or subcontracting network provider has an ownership or control interest; and
 - 10.1.1.6. The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.
- 10.2. Disclosures related to business transactions: CONTRACTOR must submit disclosures and updated disclosures to the COUNTY including information regarding certain business transactions within 35 days, upon request, including the ownership of any subcontractor with whom the COUNTY has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and any significant business transactions between CONTRACTOR and any wholly owned supplier, or between the COUNTY and any subcontractor, during the 5-year period ending on the date of the request.
- 10.3. Disclosures Related to Persons Convicted of Crimes: CONTRACTOR shall submit the disclosures regarding CONTRACTOR'S owners, persons with controlling interest, agents, and managing employees' criminal convictions. Disclosures shall be supplied before entering into the contract and at any time upon the Department's request. Disclosures to be submitted include the identity of any person who is a managing employee of the CONTRACTOR who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2)), and the identity of any person who is an agent of the CONTRACTOR who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2)) For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101

11. CONFLICT OF INTEREST:

- 11.1. The CONTRACTOR shall comply with the conflict of interest safeguards described in 42 Code of Federal Regulations part 438.58 and the prohibitions described in section 1902(a)(4)(C) of the Act. (42 C.F.R. § 438.3(f)(2).)
- 11.2. CONTRACTOR'S officers and employees shall not have a financial interest in this Contract or a subcontract of this Contract made by them in their official capacity, or by anybody or board of which they are members unless the interest is remote. (Gov. Code §§ 1090, 1091; 42 C.F.R. § 438.3(f)(2))
- 11.3. No public officials at any level of local government shall make, participate in making, or attempt to use their official positions to influence a decision made within the scope of this Contract in which they know or have reason to know that they have a financial interest. (Gov. Code §§ 87100, 87103; Cal. Code Regs, tit. 2, § 18704; 42 C.F.R. §§ 438.3(f)(2))
- 11.3.1. If a public official determines not to act on a matter due to a conflict of interest within the scope of this Contract, the CONTRACTOR shall notify the COUNTY by oral or written disclosure. (Cal. Code Regs, tit. 2, § 18707; 42 C.F.R. § 438.3(f)(2))
 - 11.3.2. Public officials, as defined in Government Code section 87200, shall follow the applicable requirements for disclosure of a conflict of interest or potential conflict of interest, once it is identified, and recuse themselves from discussing or otherwise acting

upon the matter. (Gov. Code § 87105, Cal. Code Regs, tit. 2, § 18707(a); 42 C.F.R. § 438.3(f)(2))

11.4. CONTRACTOR shall not utilize in the performance of this Contract any State officer or employee in the State civil service or other appointed State official unless the employment, activity, or enterprise is required as a condition of the officer's or employee's regular State employment. (Pub. Con. Code § 10410; 42 C.F.R. § 438.3(f)(2))

11.4.1. CONTRACTOR shall submit documentation to COUNTY of employees (current and former State employees) who may present a conflict of interest.

12. **OFFICIALS NOT TO BENEFIT:** No members of or delegate of Congress or the State Legislature shall be admitted to any share or part of this Agreement, or to any benefit that may arise therefrom. This provision shall not be construed to extend to this Agreement if made with a corporation for its general benefits (Exhibit D(f) Section 25).

13. **LOBBYING AND DISCLOSURE CERTIFICATION:** Applicable to federally funded agreements in excess of \$100,000 per Section 1352 of Title 31, U.S.C. (Exhibit D(F) Section 35)

Certification and Disclosure Requirements:

13.1. Each person (or recipient) who requests or receives a contract or agreement, subcontract, grant, or subgrant, which is subject to Section 1352 of Title 31, U.S.C., and which exceeds \$100,000 at any tier, shall file a certification (in the form set forth in Attachment 1, consisting of one page, entitled "Certification Regarding Lobbying") that the recipient has not made, and will not make, any payment prohibited by Paragraph b of this provision.

13.2. Each recipient shall file a disclosure (in the form set forth in Attachment 2, entitled "Standard Form-LLL 'Disclosure of Lobbying Activities'") if such recipient has made or has agreed to make any payment using non-appropriated funds (to include profits from any covered federal action) in connection with a contract, or grant or any extension or amendment of that contract, or grant, which would be prohibited under Paragraph b of this provision if paid for with appropriated funds.

13.3. Each recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affect the accuracy of the information contained in any disclosure form previously filed by such person under Paragraph a(2) herein. An event that materially affects the accuracy of the information reported includes:

13.3.1. A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action;

13.3.2. A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or

13.3.3. A change in the officer(s), employee(s), or member(s) contacted for the purpose of influencing or attempting to influence a covered federal action.

13.4. Each person (or recipient) who requests or receives from a person referred to in Paragraph a(1) of this provision a contract or agreement, subcontract, grant or subgrant exceeding \$100,000 at any tier under a contract or agreement, or grant shall file a certification, and a disclosure form, if required, to the next tier above.

All disclosure forms (but not certifications) shall be forwarded from tier to tier until received by CONTRACTOR. CONTRACTOR shall forward all disclosure forms to COUNTY.

Prohibition

Section 1352 of Title 31, U.S.C., provides in part that no appropriated funds may be expended by the recipient of a federal contract or agreement, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered federal actions: the awarding of any federal contract or agreement, the making of any federal grant, the making of any federal loan, entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract or agreement, grant, loan, or cooperative agreement.

14. CERTIFICATION OF PROGRAM INTEGRITY:

14.1. CONTRACTOR shall comply with all State and Federal statutory and regulatory requirements for certification of claims including Title 42, Code of Federal Regulations (CFR) Part 438.

14.2. CONTRACTOR shall ensure that each Medi-Cal beneficiary for whom the CONTRACTOR is submitting a claim for reimbursement will assure the following:

14.2.1. An assessment of the Medi-Cal beneficiary was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract between Placer County and the DHCS, a copy of which will be provided to CONTRACTOR by COUNTY under separate cover.

14.2.2. The Medi-Cal beneficiary was eligible to receive Medi-Cal services at the time the services were provided to the beneficiary. CONTRACTOR shall ensure that all services are authorized in accordance with COUNTY and State MHP guidelines.

14.2.3. The services included in the claim were actually provided to the beneficiary.

14.2.4. Medical necessity was established for the beneficiary as defined in statute for the service or services provided, for the timeframe in which the services were provided.

14.2.5. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract between COUNTY and the DHCS.

14.2.6. The MHP may impose appropriate utilization controls by requiring all assessments to be completed by the MHP clinical staff or by permitting them to be completed by the provider. If the MHP delegates the facilitation of the assessment to a provider, provider would not need to obtain prior authorization from MHP but must ensure all required elements are contained in the assessment.

14.2.7. For each beneficiary with day rehabilitation, day treatment intensive, or Early Periodic Screening, Diagnostic and Treatment (EPSDT) supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive, Short Term Residential Treatment Program, (STRTP) and EPSDT supplemental specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract between COUNTY and the DHCS (Reference DHCS MHSUDS IN 19-026).

14.2.8. For each beneficiary with Intensive Home-Based Services (IHBS), Therapeutic Behavioral Services (TBS) and Therapeutic Foster Care (TFC) services included in the claim, all requirements for MHP payment authorization were met, and any reviews for such service(s) were conducted prior to the initial authorization and any re-authorization periods as outlined in COUNTY policy and in line with DHCS regulation; reference DHCS MHSUDS IN 19-026.

14.2.9. CONTRACTOR shall maintain Medi-Cal certification. COUNTY shall certify or use another mental health plan's certification documents to certify, the CONTRACTOR in accordance with California Code of Regulations., title 9, section 1810.435, and the requirements specified prior to the date on which the provider begins to deliver services under the contract, and once every three years after that date. The on-site review required by California Code of Regulations., title 9, section 1810.435(d), as a part of the certification process, shall be made of any site owned, leased, or operated by the provider and used to deliver covered services to beneficiaries, except that on-site review is not required for public school or satellite sites. If operating an inpatient or residential service program, CONTRACTOR must maintain necessary licensing and certification or mental health program approval.

NOTE: Authority: Sections 14043.75 14680, and 14712 Welfare and Institutions Code.

14.3. CONTRACTOR certifies that it shall comply with all State and Federal requirements regarding false claims and whistleblower protection, including but not limited to California Government Code Sections 8547 et seq. and 12653, and shall not prevent an employee from disclosing information, or retaliate against an employee in any manner because of acts by or on behalf of the employee in disclosing information in furtherance of a false claims action.

- 14.4. In addition, CONTRACTOR certifies that the following processes are in place:
 - 14.4.1. Written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable Federal and State standards.
 - 14.4.2. The designation of a compliance officer and a compliance committee that are accountable to senior management.
 - 14.4.3. Effective training and education for the compliance officer and the organization's employees.
 - 14.4.4. Enforcement of standards through well-publicized disciplinary guidelines.
 - 14.4.5. Provisions for internal monitoring and auditing.
 - 14.4.6. Provision for prompt response to detected offenses, and for development of corrective action initiatives relating to the provision of mental health services.
- 14.5. Pursuant to 42 C.F.R. 438.602(b), the CONTRACTOR shall screen and periodically revalidate all network providers in accordance with the requirements of 42 C.F.R part 455, subparts B and E.
- 14.6. Consistent with the requirements of 42 C.F.R. §455.436, and 42 C.F.R. §438.602(d) the CONTRACTOR must confirm the identify and determine the exclusion status of all providers (employees and network providers) and any subcontractor, as well as any person with an ownership or control interest, or who is an agent of managing employee of the of the Mental Health Plan through routine checks of Federal and State databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPDES), the Office of Inspector General's List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM), the National Practitioner database, as well as the DHCS's Medi Cal Suspended and Ineligible Provider List (S & I List). Check the Office of Inspector General's LEIE and EPLS no less frequently than monthly.
 - 14.6.1. Applicable to all agreements funded in part or whole with federal funds (D(F) section 20).
- 14.7. By signing this Agreement, CONTRACTOR agrees to comply with applicable federal suspension and debarment regulations including, but not limited to 7 CFR Part 3017, 45 CFR 76, 40 CFR 32 or 34 CFR 85.
 - 14.7.1. By signing this Agreement, CONTRACTOR certifies to the best of its knowledge and belief, that it and its principals:
 - 14.7.2. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
 - 14.7.3. Have not within a three-year period preceding this application/proposal/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 14.7.4. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph b(2) herein; and
 - 14.7.5. Have not within a three-year period preceding this application/proposal/agreement had one or more public transactions (Federal, State or local) terminated for cause or default.
 - 14.7.6. 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.
 - 14.7.7. Will include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
 - 14.7.8. If CONTRACTOR is unable to certify to any of the statements in this certification, CONTRACTOR shall submit an explanation to COUNTY.

14.7.9. The terms and definitions herein have the meanings set out in the Definitions and Coverage sections of the rules implementing Federal Executive Order 12549.

14.7.10. If CONTRACTOR knowingly violates this certification, in addition to other remedies available to the Federal Government, COUNTY may terminate this Agreement for cause or default.

14.8. If the CONTRACTOR finds a party that is excluded, it must immediately notify the COUNTY and the COUNTY will take action consistent with 42 C.F.R. §438.610(c). Neither the COUNTY nor CONTRACTOR shall certify or pay any provider with Medi-Cal funds, and any such inappropriate payments or overpayments may be subject to recovery and/or be the basis for other sanctions by the appropriate authority.

Individuals listed in these databases as ineligible to participate in Medicaid or Medicare may not provide services to the COUNTY or COUNTY clients.

14.9. CONTRACTOR shall ensure that all licensed, registered, and/or certified staff members remain in good standing with their governing board. CONTRACTOR shall notify the MHP Contract Monitor immediately should any change of status occur or governing board sanctions be imposed.

14.9.1. CONTRACTOR shall adhere to the MHP Credentialing Guidelines, and demonstrative quarterly verifications of licensure, registration, certification governing board standing and compile into a quarterly report and sent to the COUNTY Contract Administrator.

14.9.2. CONTRACTOR must immediately notify COUNTY if an employee is identified as no longer being in good standing with their governing board and must ensure that the individuals does not provide services until the issue has been rectified and verified as being rectified with the relevant governing board.

14.10. CONTRACTOR shall ensure that the exclusion and licensure verifications are completed as part of the employee pre-hire process and on a regular basis as stipulated in the MHP Credentialing guidelines.

14.11. CONTRACTOR shall ensure that all eligible MHP staff are enrolled with the state as Medi-Cal providers consistent with the provider disclosure, screening, and enrollment requirements of 42 Code of Federal Regulations part 455, subparts B and E. (42 C.F.R. § 438.608(b))

15. AUDIT, RECORD RETENTION, DISALLOWANCES & RECOVERY OF OVERPAYMENTS (Exhibit

D(F): Applicable to agreements in excess of \$10,000 and applicable to any Subcontractors if used by CONTRACTOR.

15.1. CONTRACTOR shall maintain books, records, documents, and other evidence, accounting procedures and practices, sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this Agreement, including any matching costs and expenses. The foregoing constitutes "records" for the purpose of this provision.

15.2. CONTRACTOR'S facility or office or such part thereof as may be engaged in the performance of this Agreement and his/her records shall be subject at all reasonable times to inspection, audit, and reproduction.

15.3. CONTRACTOR agrees that COUNTY, DHCS, the Department of General Services, the Bureau of State Audits, or their designated representatives including the Controller General of the United States shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. CONTRACTOR agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, the CONTRACTOR agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (GC 8546.7, CCR Title 2, Section 1896.77)."

15.4. CONTRACTOR shall preserve and make available his/her records (1) for a period of ten years from the date of final payment under this Agreement, and (2) for such longer period, if any, as

- is required by applicable statute, by any other provision of this Agreement, or by subparagraphs (1) or (2) below.
- 15.4.1. If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement. CONTRACTOR agrees to permit DHCS or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers, and records related to this subcontract and to allow interviews of any employees who might reasonably have information related to such records (D(F) section 5).
 - 15.4.2. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three-year period, whichever is later.
 - 15.4.3. CONTRACTOR shall comply with the above requirements and be aware of the penalties for violations of fraud and for obstruction of investigation as set forth in Public Contract Code § 10115.10, if applicable.
 - 15.4.4. CONTRACTOR may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books and records related to this Agreement to microfilm, computer disk, CD ROM, DVD, or other data storage medium. Upon request by an authorized representative to inspect, audit or obtain copies of said records, CONTRACTOR must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records. Applicable devices may include, but are not limited to, microfilm readers and microfilm printers, etc.
 - 15.5. Pursuant to Welf. & Inst. Code § 14707, in the case of federal audit exceptions, the DHCS will follow federal audit appeal processes unless the DHCS, in consultation with the California Mental Health Director's Association, determines that those appeals are not cost beneficial.
 - 15.5.1. COUNTY may involve the CONTRACTOR in developing responses to any draft federal audit reports that directly impact the MHP.
 - 15.6. Pursuant to Welf. & Inst. Code § 14718(b)(2), the DHCS may offset the amount of any federal disallowance, audit exception, or overpayment against subsequent claims from the COUNTY. The COUNTY may offset amounts from the CONTRACTOR.
 - 15.7. Pursuant to the Welf. & Inst. Code § 14170, MHP cost reports submitted to DHCS are subject to audit in the manner and form prescribed by the DHCS. The year-end cost report shall include both COUNTY'S costs and the costs of its CONTRACTOR and subcontractors, if any. COUNTY and its subcontractors shall be subject to audits and/or reviews, including client record reviews, by DHCS. In accordance with the Welf. & Inst. Code § 14170, any audit of CONTRACTOR'S cost report shall occur within three years of the date of receipt by the DHCS of the final cost report with signed certification by the Mental Health Director and one of the following: (1) the CONTRACTOR'S Chief Financial Officer (or equivalent), (2) an individual who has delegated authority to sign for, and reports directly to the CONTRACTOR'S Chief Financial Officer, or (3) the COUNTY Auditor Controller, or equivalent. Both signatures are required before the cost report shall be considered final. For purposes of this section, the cost report shall be considered audited once DHCS or the MHP has informed the CONTRACTOR of its intent to disallow costs on the cost report, or once the DHCS has informed the CONTRACTOR of its intent to close the audit without disallowances.
 - 15.8. If the adjustments result in the COUNTY owing FFP to the CONTRACTOR, the COUNTY shall submit a claim to the federal government for the related FFP within 30 days contingent upon sufficient budget authority.
 - 15.9. CONTRACTOR shall be financially responsible for any disallowances identified during audits and program reviews.
 - 15.10. CONTRACTOR shall report to COUNTY within 30 calendar days when it has identified payments in excess of amounts specified for reimbursement. CONTRACTOR will return any overpayment to COUNTY within 60 calendar days of after the date of which the overpayment

was identified. COUNTY may withhold payment when it is determined there is a credible allegation of fraud (42 C.F.R. §§ 438.608(a)(8) and 455.23)

16. FINES, SANCTIONS, PENALTIES, PAYMENT WITHHOLDINGS:

- 16.1. Any violations of the terms of this contract, and applicable federal and state law and regulations, and the requirements specified in California's Medicaid State Plan, the 1915(b) Specialty Mental Health Services (SMHS) Waiver, and DHCS' contract with the MHP, in accordance with Welfare & Institutions Code § 14197.7, 14712, § 14713, subd. (a), and Cal. Code Regs., tit. 9, §§ 1810.380 and 1810.385 may result in sanctions being imposed on to COUNTY for DHCS audit findings pertaining to non-compliance by CONTRACTOR. Additionally, any inappropriate payments or overpayments may be subject to recover and/or be the basis for sanctions by COUNTY§438.700-730.
- 16.2. Any failures on the part of the CONTRACTOR that result in fines, sanctions, penalties, or payment withholdings to the COUNTY from DHCS will be the responsibility of the CONTRACTOR. DHCS may impose financial sanctions ranging from \$500 to \$5,000 per violation, plus \$25 per day in late fees per item.
- 16.3. Additionally, any noncompliance with the requirements of nondiscrimination in services shall constitute grounds to withhold payments under this Agreement or terminate all, or any type, of funding provided hereunder.

17. GRIEVANCE AND APPEALS:

- 17.1. CONTRACTOR shall follow all federal regulations for processing grievances and appeals. Clarification and guidance can be located in Information Notice 18-010E on the DHCS website at: https://www.dhcs.ca.gov/formsandpubs/Pages/2018_BH_Information_Notices.aspx
- 17.2. The CONTRACTOR shall provide information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance with:
 - 17.2.1. The COUNTY and the Department if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation. (Welf. & Inst. Code § 14727(a)(4))
 - 17.2.2. The United States Department of Health and Human Services Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability. (Welf. & Inst. Code § 14727(a)(5))

18. FINANCIAL REQUIREMENT:

The CONTRACTOR shall not impose financial requirements or cumulative financial requirements, as defined in 42 C.F.R. 438.900, for any beneficiary receiving specialty mental health services.

19. **ICD-10 CODE:** The CONTRACTOR shall use the ICD-10 diagnosis code(s) to submit a claim for specialty mental health services to receive reimbursement of Federal Financial Participation (FFP) in accordance with the covered diagnoses for reimbursement of outpatient and inpatient Medi-Cal specialty mental health services listed in Behavioral Health Information Notice (BHIN) 20-043.

20. CONFIDENTIALITY OF INFORMATION (Exhibit D(F) Section 14):

- 20.1. CONTRACTOR shall protect from unauthorized disclosure names and other identifying information concerning persons either receiving services pursuant to this Agreement or persons whose names or identifying information become available or are disclosed to CONTRACTOR, as a result of services performed under this Agreement, except for statistical information not identifying any such person.
- 20.2. CONTRACTOR shall not use such identifying information for any purpose other than carrying out CONTRACTOR'S obligations under this Agreement.
- 20.3. CONTRACTOR shall promptly transmit to the COUNTY all requests for disclosure of such identifying information not emanating from the client or person.
- 20.4. CONTRACTOR shall not disclose, except as otherwise specifically permitted by this Agreement or authorized by the client, any such identifying information to anyone other than COUNTY

without prior written authorization from COUNTY, except if disclosure is required by State or Federal law.

- 20.5. 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 finger or voice print or a photograph.
- 20.6. As deemed applicable by COUNTY, this provision may be supplemented by additional terms and conditions covering personal health information (PHI) or personal, sensitive, and/or confidential information (PSCI). Said terms and conditions will be outlined in one or more exhibits that will either be attached to this Agreement or incorporated into this Agreement by reference.

21. MANAGEMENT INFORMATION SYSTEMS:

- 21.1. The CONTRACTOR shall maintain a process that collects, analyzes, integrates, and reports data. (42 C.F.R. § 438.242(a); Cal. Code Regs., tit. 9, § 1810.376) This process shall provide information on areas including, but not limited to, utilization, claims, grievances, and appeals. (42 C.F.R. § 438.242(a))
- 21.2. CONTRACTOR shall provide this information to the COUNTY within the specified timelines of the MHP Contract and Federal regulations.
- 21.3. The CONTRACTOR shall maintain a process that allows for electronic data sharing of health information in compliance with federal interoperability regulations (CMS-9115-F; ONC CURES Act Final Rule). CONTRACTOR shall make available all data elements listed on the United States Core Data for Interoperability (USCDI) data elements, to authorized requesting parties, including the COUNTY, within regulatory timeframes and formats.
- 21.4. CONTRACTOR shall not engage in any practices, that except as required by law or covered by an exception, is likely to interfere with access, exchange or use of electronic health information, when requested by Beneficiaries or appropriate third parties.

22. QUALITY ASSURANCE AND COMPLIANCE:

- 22.1. The CONTRACTOR shall implement an ongoing comprehensive Quality Assessment and Performance Improvement (QAPI) Program (formerly known as Quality Improvement) for the services it furnishes to beneficiaries. (42 C.F.R. § 438.330 (a))
 - 22.1.1. The CONTRACTOR'S QAPI covering a description of mechanisms the CONTRACTOR has implemented to assess the accessibility of services within its service delivery area. This shall include goals for responsiveness for timeliness for scheduling of routine appointments, timeliness of services for urgent conditions, and access to after-hours care; and
 - 22.1.2. Evidence of compliance with the requirements for cultural competence and linguistic competence.
 - 22.1.3. The CONTRACTOR'S QAPI Program shall improve CONTRACTOR'S established outcomes through structural and operational processes and activities that are consistent with current standards of practice.
 - 22.1.4. The CONTRACTOR'S QAPI Program will include all the elements of the Placer County Behavioral Health Provider QA Reporting requirements located at: <https://www.placer.ca.gov/7453/Network-Providers>
 - 22.1.5. CONTRACTOR shall adhere to COUNTY requirement of submitting an Annual QAPI and Quarterly updates.
 - 22.1.6. The COUNTY'S Mental Health Provider Plan Requirements that stipulate what to include in the QAPI for providers can be located at: <https://www.placer.ca.gov/7453/Network-Providers>
 - 22.1.7. When submitting QAPI reports, CONTRACTOR shall also submit a Provider Attestation. The Provider Attestation can be located at: <https://www.placer.ca.gov/7453/Network-Providers>
- 22.2. CONTRACTOR shall maintain a provider directory and update as required. Provider directory must include all required elements as outlined in state and federal regulation 42 C.F.R. §

438.10(e)(2)(vi), all changes shall be submitted within 30 days to Quality Assurance Department.

22.3. CONTRACTOR shall adhere to all network adequacy and timely access standards.

22.4. CONTRACTOR shall have active involvement and participation in the planning, design and execution of the MHP QAPI Program. Participation shall include collection and submission of performance measurement data required by the DHCS, which may include performance measures specified by CMS.

22.4.1. MHP QAPI Program elements include but are not limited to:

22.4.1.1. Timely access to services, including:

- a) The length of time from initial request to first offered appointment:
- b) The length of time from initial request to first kept appointment:
- c) The length of time from initial request to first offered psychiatry appointment:
- d) The length of time from service request for urgent appointment to actual encounter:
- e) Psychiatrist and Clinician No-show rates

22.4.1.2. Beneficiary and system outcomes

22.4.1.3. Utilization management

22.4.1.4. Utilization review

22.4.1.5. Provider appeals

22.4.1.6. Credentialing and monitoring

22.4.1.7. Resolution of beneficiary grievances

22.4.1.8. Detection of both underutilization and overutilization of services

22.4.1.9. Beneficiary and family satisfaction surveys

22.4.1.10. Evaluation of grievances, appeals and state fair hearings

22.4.1.11. Monitoring the safety and effectiveness of medication practices (this shall be under the supervision of a licensed prescriber)

22.4.1.12. Identification and resolution of clinical issues affecting beneficiaries' system wide outcome

22.4.1.13. Identification and implementation of mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns

22.5. CONTRACTOR shall take appropriate follow-up action when such an occurrence is identified. The results of the intervention shall be evaluated by the CONTRACTOR at least annually.

22.6. CONTRACTOR shall take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which shall be consistent with the Specialty Mental Health Services Practice Guidelines (42 C.F.R. § 438.236(d)).

23. State and Federal Law Governing this Contract:

23.1. CONTRACTOR agrees to comply with all applicable federal and state law, including but not limited to the statutes and regulations incorporated by reference below in this Section 23, and applicable sections of the state plan and waiver in its provision of services as the Mental Health Plan. CONTRACTOR agrees to comply with any changes to these statutes and regulations that may occur during the contract period and any new applicable statutes or regulations. These obligations shall apply without the need for a contract amendment(s). To the extent there is a conflict between federal or state law or regulation and a provision in this contract, CONTRACTOR shall comply with the federal or state law or regulation and the conflicting Contract provision shall no longer be in effect.

23.2. CONTRACTOR agrees to comply with all existing policy letters issued by DHCS. All policy letters issued by DHCS subsequent to the effective date of this contract shall provide clarification of CONTRACTOR'S obligations pursuant to this contract and may include instructions to the CONTRACTOR regarding implementation of mandated obligations pursuant to State or Federal statutes or regulations, or pursuant to judicial interpretation.

23.3. Federal law:

- 23.3.1. Title 42 United States Code, to the extent that these requirements are applicable;
- 23.3.2. 42 C.F.R. to the extent that these requirements are applicable;
- 23.3.3. 42 C.F.R. Part 438, Medicaid Managed Care, limited to those provisions that apply to Prepaid Inpatient Health Plans (PIHPs), except for the provisions listed in paragraph D and E, below.
- 23.3.4. 42 C.F.R. § 455 to the extent that these requirements are applicable
- 23.3.5. 45 C.F.R. § 92.1 et. seq. to the extent that these requirements are applicable
- 23.3.6. Title VI of the Civil Rights Act of 1964
- 23.3.7. Title IX of the Education Amendments of 1972
- 23.3.8. Age Discrimination Act of 1975
- 23.3.9. Rehabilitation Act of 1973
- 23.3.10. Americans with Disabilities Act
- 23.3.11. Section 1557 of the Patient Protection and Affordable Care Act
- 23.3.12. Deficit Reduction Act of 2005;
- 23.3.13. Balanced Budget Act of 1997.
- 23.3.14. The CONTRACTOR shall comply with the provisions of the Copeland Anti-Kickback Act, which requires that all contracts and subcontracts in excess of \$2000 for construction or repair awarded by the CONTRACTOR and its subcontractors shall include a provision for compliance with the Copeland Anti-Kickback Act.
- 23.3.15. The CONTRACTOR shall comply with the provisions of the Davis-Bacon Act, as amended, which provides that, when required by Federal Medicaid program legislation, all construction contracts awarded by the CONTRACTOR and its subcontractors of more than \$2,000 shall include a provision for compliance with the Davis-Bacon Act as supplemented by Department of Labor regulations.
- 23.3.16. The CONTRACTOR shall comply with the provisions of the Contract Work Hours and Safety Standards Act, as applicable, which requires that all subcontracts awarded by the CONTRACTOR in excess of \$2,000 for construction and in excess of \$2,500 for other subcontracts that involve the employment of mechanics or laborers shall include a provision for compliance with the Contract Work Hours and Safety Standards Act.
- 23.3.17. Any applicable federal and state laws that pertain to beneficiary rights.
- 23.3.18. Should any part of the scope of work under this contract relate to a State program receiving Federal Financial Participation (FFP) that is no longer authorized by law (e.g., which has been vacated by a court of law, or for which CMS has withdrawn federal authority, or which is the subject of a legislative repeal), CONTRACTOR must do no work on that part after the effective date of the loss of such program authority. DHCS must adjust payments to remove costs that are specific to any State program or activity receiving FFP that is no longer authorized by law. If CONTRACTOR works on a State program or activity receiving FFP that is no longer authorized by law after the date the legal authority for the work ends, CONTRACTOR will not be paid for that work. If DHCS has paid CONTRACTOR in advance to work on a no-longer-authorized State program or activity receiving FFP and under the terms of this contract the work was to be performed after the date the legal authority ended, the payment for that work should be returned to DHCS. However, if CONTRACTOR worked on a State program or activity receiving FFP prior to the date legal authority ended for that State program or activity, and DHCS included the cost of performing that work in its payments to CONTRACTOR, CONTRACTOR may keep the payment for that work even if the payment was made after the date the State program or activity receiving FFP lost legal authority.
- 23.4. The following sections of 42 Code of Federal Regulations, part 438 are inapplicable to this Contract:
 - 23.4.1. §438.3(b) Standard Contract Provisions – Entities eligible for comprehensive risk contracts
 - 23.4.2. §438.3(c) Standard Contract Provisions - Payment

- 23.4.3. §438.3(g) Standard Contract Provisions - Provider preventable conditions
- 23.4.4. §438.3(o) Standard Contract Provisions - LTSS contract requirements
- 23.4.5. §438.3(p) Standard Contract Provisions – Special rules for HIOs
- 23.4.6. §438.3(s) Standard Contract Provisions – Requirements for MCOs, PIHPs, or PAHPs that provide covered outpatient drugs
- 23.4.7. §438.4 Actuarial Soundness
- 23.4.8. §438.5 Rate Development Standards
- 23.4.9. §438.6 Special Contract Provisions Related to Payment
- 23.4.10. §438.7 Rate Certification Submission
- 23.4.11. §438.8 Medical Loss Ratio Standards
- 23.4.12. §438.9 Provisions that Apply to Non-emergency Medical Transportation
- 23.4.13. §438.50 State Plan Requirements
- 23.4.14. §438.52 Choice of MCOs, PIHPs, PAHPs, PCCMs, and PCCM entities
- 23.4.15. §438.56 Disenrollment: requirements and limitations
- 23.4.16. §438.70 Stakeholder engagement when LTSS is delivered through a managed care program
- 23.4.17. 438.74 State Oversight of the Minimum MLR Requirements
- 23.4.18. §438.104 Marketing
- 23.4.19. §438.106 Liability for Payment
- 23.4.20. §438.108 Cost Sharing
- 23.4.21. §438.110 Member advisory committee
- 23.4.22. §438.114 Emergency and Post-Stabilization
- 23.4.23. §438.362 Exemption from External Quality Review
- 23.4.24. §438.700-730 Basis for Imposition of Sanctions
- 23.4.25. §438.802 Basic Requirements
- 23.4.26. §438.810 Expenditures for Enrollment Broker Services
- 23.4.27. §438.816 Expenditures for the beneficiary support system for enrollees using LTSS
- 23.5. Specific provisions of 42 Code of Federal Regulations, part 438 relating to the following subjects are inapplicable to this Contract:
 - 23.5.1. Long Terms Services and Supports
 - 23.5.2. Managed Long Terms Services and Supports
 - 23.5.3. Actuarially Sound Capitation Rates
 - 23.5.4. Medical Loss Ratio
 - 23.5.5. Religious or Moral Objections to Delivering Services
 - 23.5.6. Family Planning Services
 - 23.5.7. Drug Formularies and Covered Outpatient Drugs
- 23.6. Pursuant to Welfare & Institutions Code section 14704, a regulation or order concerning Medi-Cal specialty mental health services adopted by the State Department of Mental Health pursuant to Division 5 (commencing with Section 5000), as in effect preceding the effective date of this section, shall remain in effect and shall be fully enforceable, unless and until the readoption, amendment, or repeal of the regulation or order by DHCS, or until it expires by its own terms.
- 23.7. State Law:
 - 23.7.1. Division 5, Welfare & Institutions Code, to the extent that these requirements are applicable to the services and functions set forth in this contract
 - 23.7.2. Welf. & Inst. Code §§ 14680-14685.1
 - 23.7.3. Welf. & Inst. Code §§ 14700-14726
 - 23.7.4. Chapter 7, Part 3, Division 9, Welf. & Inst. Code, to the extent that these requirements are applicable to the services and functions set forth in this contract
 - 23.7.5. Cal. Code Regs., tit. 9, § 1810.100 et. seq. – Medi-Cal Specialty Mental Health Services
 - 23.7.6. Cal. Code Regs., tit 9 § 1810.430 – Psychiatric Inpatient Hospital Service Availability
 - 23.7.7. Cal. Code Regs., tit. 22, §§ 50951 and 50953

23.7.8. Cal. Code Regs., tit. 22, §§ 51014.1 and 51014.2

DRAFT