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Contract Number

SAP Number

Department of Behavioral Health

Department Contract Representative	Rebecca Lombard
Telephone Number	909-383-3978
Contractor	
Contractor Representative	
Telephone Number	
Contract Term	January 1, 2024 – December 31, 2028
Original Contract Amount	\$89,730,320 Aggregate
Amendment Amount	
Total Contract Amount	\$89,730,320 Aggregate
Cost Center	

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and (**insert contractor's name here**) referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WHEREAS, San Bernardino County (County) desires to designate a contractor of choice to provide Substance Use Disorder and Recovery Services Withdrawal Management and Residential Treatment Services, as further described in the description of program services; and

WHEREAS, the County conducted a competitive process to find (**enter legal name of Contractor**) (Contractor) to provide these services, and

WHEREAS, based upon and in reliance on the representations of Contractor in its response to the County's Request for Proposals, the County finds Contractor qualified to provide Substance Use Disorder and Recovery Services Withdrawal Management and Residential Treatment Services; and

WHEREAS, the County desires that such services be provided by Contractor and Contractor agrees to perform these services as set forth below:

TABLE OF CONTENTS

Article	Page
I. Definition of Terminology	5
II. General Contract Requirements	14
III. Contract Supervision	15
IV. Performance	15
V. Funding	24
VI. Limitations on Use of Funds	26
VII. Provisional Payment	27
VIII. Electronic Signatures	30
IX. Cost Report Settlement	31
X. Fiscal Award Monitoring	32
XI. Final Settlement: Audit	33
XII. Single Audit Requirement	34
XIII. Special Reports	36
XIV. Contract Performance Notification	36
XV. Probationary Status	36
XVI. Duration and Termination	36
XVII. Accountability: Revenue	37
XVIII. State Monitoring	37
XIX. Patient/Client Billing	38
XX. Personnel	39
XXI. Prohibited Affiliations	43
XXII. Licensing, Certification and Accreditation	47
XXIII. Health Information System	47
XXIV. Administrative Procedures	48
XXV. Laws and Regulations	54
XXVI. Patients' Rights	62
XXVII. Confidentiality	62
XXVIII. Admission Policies	63
XXIX. Choice of Network Provider	63
XXX. Medical Records/Protected Health Information	63
XXXI. Transfer of Care	64
XXXII. Quality Assurance/Utilization Review	65
XXXIII. Independent Contractor Status	65
XXXIV. Subcontractor Status	66
XXXV. Attorney Costs and Fees	67
XXXVI. Indemnification and Insurance	67
XXXVII. Nondiscrimination	71
XXXVIII. DBH Notice of Personal/Civil Rights	74
XXXIX. Drug-Free Workplace	74
XL. Contract Amendments	75
XLI. Assignment	75
XLII. Legality and Severability	76
XLIII. Improper Consideration	76

TABLE OF CONTENTS

XLIV.	Venue	76
XLV.	Conclusion.....	77
Addendum I	- Agreement for Federal Block Grant	
Addendum II	- Substance Abuse Prevention and Treatment Block Grant (SABG) Program Specifications	
Addendum III	- Drug Medi-Cal Organized Delivery System (DMC-ODS Additional Provisions	
Addendum IV	- Agreement for Provision of Substance Use Disorder Services	
Addendum V	- Dual Diagnosis Capability in Addiction Training	
Schedule A	- Planning Estimates	
Schedule B	- Program Budget	
Attachment I	- Notice of Personal/Civil Rights (English, Mandarin, Spanish and Vietnamese)	
Attachment II	- Attestation Regarding Ineligible/Excluded Persons	
Attachment III	- Data Security Requirements	
Attachment IV	- Campaign Contribution Disclosure (SB 1439)	

I. Definition of Terminology

- A. Wherever in this document and in any attachments hereto, the terms “Contract” and/or “Agreement” are used to describe the conditions and covenants incumbent upon the parties hereto, these terms are interchangeable.
- B. The terms beneficiary, client, consumer, customer, participant, or patient are used interchangeably throughout this document and refers to the individual(s) receiving services.
- C. Definition of May, Shall and Should. Whenever in this document the words “may,” “shall” and “should” are used, the following definitions shall apply: “may” is permissive; “shall” is mandatory; and “should” means desirable.
- D. Subcontractor – An individual, company, firm, corporation, partnership or other organization, not in the employment of or owned by Contractor who is performing services on behalf of Contractor under the Contract or under a separate contract with or on behalf of Contractor.
- E. The term “Contractor” means a person or company that undertakes a contract to provide materials or labor to perform a service or do a job.
- F. The term County refers to San Bernardino County in which the Contractor physically provides covered substance use disorder treatment services.
- G. The term “County’s billing and transactional database system” refers to the centralized data entry system used by the Department of Behavioral Health (DBH) for patient and billing information.
- H. “Customary charge” refers to a provider’s published charge used to bill the general public, insurers, or other non-Medi-Cal payers and which is equivalent to the charge prevalent in the public sector.
- I. The term Department of Behavioral Health refers to the department under state law that provides mental health and/or substance use disorder treatment and prevention services to San Bernardino County residents. In order to maintain a continuum of care, DBH operates or contracts for the provision of residential treatment, non-medical withdrawal management (detoxification) services, Outpatient Treatment services, Intensive Outpatient Treatment (IOT), case management, recovery centers and crisis and referral services. Community services are provided in all major County metropolitan areas and are readily accessible to County residents.
- J. The term “Director,” unless otherwise stated, refers to the Director of DBH for San Bernardino County.
- K. The “State and/or applicable State agency” as referenced in this Contract may include the Department of Health Care Services (DHCS), the Department of State Hospitals (DSH), the Department of Social Services (DSS), the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department of Public Health (CDPH), and the Office of Statewide Health Planning and Development (OSHPD).
- L. The term “SUDRS” refers to the San Bernardino County Department of Behavioral Health, Substance Use Disorder and Recovery Services.

- M. The term “unit of service” refers to:
1. For case management, intensive outpatient treatment, outpatient services, Naltrexone treatment services, and recovery services contact with a beneficiary in 15-minute increments on a calendar day.
 2. For additional medication assisted treatment, physician services that includes ordering, prescribing, administering, and monitoring of all medications for substance use disorders per visit or in 15-minute increments.
 3. For narcotic treatment program services, a calendar month of treatment services provided pursuant to this section and Chapter 4 commencing with 9 CCR § 10000.
 4. For physician consultation services, consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists in 15-minute increments.
 5. For residential services, providing daily service, per beneficiary, per bed rate.
 6. For withdrawal management per beneficiary per visit/daily unit of service.
- N. With respect to substance use disorder treatment services, a unit of service includes staff time spent conducting client visits, collateral visits, and group treatment sessions. Other services, including time spent staffing client charts and documenting treatment sessions in the charts, should be included in the Contractor’s cost of the unit of service.
- O. The term “group counseling session,” per Medi-Cal regulations, means contacts in which one or more therapists or counselors treat two (2) or more clients at the same time with a maximum of twelve (12) in the group, lasting 90 minutes focusing on the needs of the individuals served. Group counseling sessions are for treatment. Charting the group session is not included in the 90 minute group counseling session. A beneficiary that is 17 years of age or younger shall not participate in group counseling with any participants who are 18 years of age or older. However, a beneficiary who is 17 years of age or younger may participate in group counseling with participants who are 18 years of age or older when the counseling is at a provider’s certified school site.
- P. The term “individual counseling session” means contact with a therapist or counselor with one (1) individual. Individual counseling can include contact with family members or other collaterals if the purpose of the collateral’s participation is to focus on the treatment needs of the client by supporting the achievement of the client’s treatment goals. Individual counseling sessions are for treatment. Time spent charting is not included within the individual counseling session. Services provided in-person, by telephone, or by telehealth qualify as Medi-Cal reimbursable units of service and are reimbursed without distinction.
- Q. American Society of Addiction Medicine (ASAM) – ASAM is a professional society representing over 3,000 physicians and associated professionals dedicated to increasing access and improving the quality of addiction treatment; educating physicians, other medical professionals and the public; supporting research and prevention; and promoting the appropriate role of physicians in the care of clients with addictions.
- R. ASAM Criteria – The ASAM Criteria is a set of guidelines for placement, continued stay, and transfer/discharge of clients with substance use disorders and co-occurring conditions. The ASAM criteria provide separate placement criteria for adolescents and

adults to create comprehensive and individualized treatment process. Adolescent and adult treatment processes are developed through a multidimensional client assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided, and the intensity of treatment services provided. ASAM's criterion uses six dimensions to create a holistic, bio-psychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care.

- S. Assessment - Activities to evaluate or monitor the status of a client's behavioral health and determine the appropriate level of care and course of treatment for that client. Assessments shall be conducted in accordance with applicable State and Federal laws, regulations, and standards. Assessment may be initial and periodic and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the client.

Assessment services may include one or more of the following components:

1. Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
2. Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing (laboratory testing is covered under the "Other laboratory and X-ray services" benefit of the California Medicaid State Plan).
3. Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the client's needs, planned interventions and to address and monitor a client's progress and restoration of a client to their best possible functional level.

- T. Care Coordination – Activities to provide coordination of SUD care, mental health care and medical care, and to support the client with linkages to services and supports designed to restore the client to their best possible functional level. Care coordination can be provided in clinical or non-clinical settings (including the community) and can be provided face-to-face, by telehealth, or by telephone.

Care coordination includes one or more of the following components:

1. Coordinating with medical and mental health care providers to monitor and support comorbid health conditions.
2. Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers.
3. Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal

justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.

- U. Choosing Healthy Options to Instill Change and Empowerment (CHOICE) - Provides intensive outpatient mental health and/or substance use disorder services, known as co-occurring services, to qualifying probationers sentenced to probationary supervision under AB109 Public Safety Realignment directive.
- V. Client Education – Research-based education on addiction, treatment, recovery, and the effects on both their mental health and substance use patterns and associated health risks.
- W. Collaterals – Significant persons in the life of the client. Significant persons are individuals that have a personal, not official or professional, relationship with the client.
- X. Co-Occurring Capable – Treatment programs that address co-occurring mental health and substance use disorders in their policies and procedures, assessments, treatment and discharge planning are described as “co-occurring capable”. Such programs have arrangements in place for coordination and collaboration between addiction and mental health services. They also can provide medication monitoring, addiction, and psychological assessment and consultation either; on-site or through coordinated consultation with off-site providers. Program staff are able to address the interaction between mental and substance use disorders and their effect on the client’s readiness to change – as well as relapse and recovery environment issues – through individual and groups program content. The primary focus of co-occurring capable programs in addiction treatment settings is the treatment of substance use disorders. Within mental health settings, a co-occurring capable program’s primary focus is the treatment of mental health disorders.
- Y. Co-Occurring Disorders – Concurrent substance use and mental health disorders. Use of the term carries no implication as to which disorder is primary and which is secondary, which disorder occurred first, or whether one disorder caused the other.
- Z. Criminal Justice Services – Specific services provided to the forensic population, which consists of non-violent offenders presenting with a chronic behavioral health condition and/or co-occurring disorder.
- AA. Crisis Intervention Services - Contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. SUD Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation and be provided in the least intensive level of care that is medically necessary to treat their condition.
- BB. Cultural Competency – The acceptance and understanding of cultural mores and their possible influence on the participant’s issues and/or behavior, i.e., using the understanding of the differences between the prevailing social culture and that of the participant’s family to aid in developing individualized supports and services.

- CC. Community Supervised Treatment After Release (CSTAR) – Provides intensive care coordination, psychiatry, and co-occurring services to qualifying individuals with a history of criminal justice involvement and/or those with no formal probation supervision.
- DD. Department of Behavioral Health (DBH) – The Department of Behavioral Health (DBH), under state law, provides mental health and/or substance use disorder treatment and prevention services to County residents. In order to maintain a continuum of care, DBH operates or contracts for the provision of 24-hour residential treatment, non-medical withdrawal management services, outpatient services, care coordination, recovery centers and crisis and referral services. Community services are provided in all major County metropolitan areas and are readily accessible to County residents.
- EE. Documentation – Documentation standards for all programs include an individualized problem list and progress notes in the client's record that clearly reflect planned action steps and the client's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the list.
- FF. Diversion Opportunity for Outpatient Recovery Services (DOORS) – Provides mental health and supportive case management treatment services for participants in Mental Health Diversion (MHD) court who are found to meet specific criteria in accordance with Welfare and Institutions Code section 4361 and ordered by the Presiding Judge to MHD terms/conditions.
- GG. Evidence-Based Practices (EBPs) – Programs that have been shown to have positive outcomes through high quality research. An evidence-based program shall demonstrate the use of a minimum of two evidence-based practices.
- HH. Family Therapy - A rehabilitative service that includes family members in the treatment process, providing education about factors that are important to the client's recovery as well as the holistic recovery of the family system. Family members can provide social support to the client and help motivate their loved one to remain in treatment. There may be times when, based on clinical judgment, the client is not present during the delivery of this service, but the service is for the direct benefit of the client.
- II. Forensic Population – Non-violent offenders presenting with a chronic behavioral health condition and/or co-occurring disorder. The forensic population may be enrolled in the following DBH programs; CHOICE, DOORS, RISES, CSTAR, and STAR.
- JJ. Group Counseling – Contacts in which one or more therapists or counselors treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served.

Note: A client that is 17 years of age or younger shall not participate in group counseling with participants who are 18 years of age or older. However, a client who is 17 years of age or younger may participate in group counselling with participants who are 18 years of age or older when the counselling is at a provider's certified school site.

- KK. Incidental Medical Services (IMS) - IMS are services provided at a licensed residential facility by a health care practitioner that address medical issues associated with either withdrawal management (detoxification) or the provision of substance use disorder recovery or treatment services to assist in the enhancement of treatment services. IMS

does not include the provision of general primary medical care. IMS must be related to the client's process of moving into long-term recovery. The following six categories of IMS services may be provided after receiving approval from DHCS:

1. Obtaining medical histories.
2. Monitoring health status to determine whether the health status warrants transfer of the client in order to receive urgent or emergent care.
3. Testing associated with detoxification from alcohol or drugs.
4. Providing alcoholism or drug abuse recovery or treatment services.
5. Overseeing client self-administered medications.
6. Treating substance abuse disorders, including withdrawal management (detoxification).

LL. Individual Counseling Session – A face-to-face meeting with a therapist or counselor with one (1) individual. Individual counseling sessions are for treatment and shall be claimed using fifteen (15) minute increments. One session may include multiple units of service. Time spent documenting shall not be included within the individual counseling session.

MM. Initial Assessment – Process of determining that a client meets medical necessity criteria and is admitted into a substance use disorder treatment program. The initial assessment includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. The initial assessment may include a physical examination and laboratory testing necessary for substance use disorder treatment.

NN. Licensed Practitioner of the Healing Arts (LPHA) – Includes Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LPC), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.

OO. Medical Necessity

For individuals 21 years of age or older, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. (W&I Section 14059.5(a))

For individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” if the service is necessary to correct or ameliorate screened health conditions. (W&I Section 14059.5(b)(1))

Beneficiaries 21 years of age and older must meet one of the following criteria: 1) Have at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non Substance-Related Disorders; OR 2) Have had at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance

Related Disorders, prior to being incarcerated or during incarceration, as determined by substance use history.

Beneficiaries under the age of 21: Covered services shall include all medically necessary SUD services for individuals under 21 years of age as required pursuant to Section 1396d(r) of Title 42 of the United States Code. Federal EPSDT statutes and regulations require States to furnish all Medicaid-coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, regardless of whether those services are covered in the state's Medicaid State Plan. Consistent with federal guidance, services need not be curative or completely restorative to ameliorate a mental health condition, including substance misuse and SUDs. Services that sustain, support, improve, or make more tolerable substance misuse or a SUD are considered to ameliorate the condition and are thus covered as EPSDT services.

- PP. Medication Services - prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication. Medication Services does not include MAT for Opioid Use Disorders (OUD) or MAT for Alcohol Use Disorders (AUD) and other Non-Opioid Substance Use Disorders. Medication Services includes prescribing, administering, and monitoring medications used in the treatment or management of SUD and/or withdrawal management not included in the definitions of MAT for OUD or MAT for AUD services.
- QQ. Medications for Addiction Treatment (also known as medication assisted treatment) for Alcohol Use Disorders (MAT for AUD) and Non-Opioid Substance Use Disorders (SUD) – Includes all FDA-approved drugs and services to treat AUD and other non-opioid SUDs involving FDA-approved medications to treat AUD and non-opioid SUDs. MAT for AUD and other non-opioid SUDs may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of all levels of care.
- RR. Medications for Addiction Treatment (also known as medication assisted treatment) for Opioid Use Disorders (MAT for OUD) – Includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders. MAT for OUD may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of all levels of care.
- SS. Mental Health Diversion (MHD) – A legal process in accordance with Welfare and Institutions Code section 4361, Assembly Bill 1810 (AB 1810), and Penal Code section 1001.36 that offers defendants living with mental illness a diversion opportunity to participate in court-supervised, community-based treatment for up to two (2) years in lieu of criminal justice sanctions with the potential for dropped criminal charges upon completion of the MHD treatment program.
- TT. Observation - The process of monitoring the patient's course of withdrawal. Observation is conducted at the frequency required by applicable state and federal laws, regulations, and standards. This may include but is not limited to observation of the patient's health status.
- UU. Perinatal – Women who are either:
1. Pregnant and 365-day post-partum substance mis-using; or

2. Parenting and substance mis-using, with a child(ren) from birth through ten (10) years of age. (Parenting also includes a woman who is attempting to regain legal custody of her child(ren))
 3. Women with substance exposed infants
- VV. Problem List – An individualized list of symptoms, conditions, diagnoses, and/or risk factors identified through assessment, psychiatric diagnoses evaluation, crisis, encounters, or other types of service encounters and updated on an ongoing basis to reflect the current presentation of the client
- WW. Program – The Proposer's, Contractor's or Vendor's/Applicant's overall services described in this RFP; including but not limited to; the operations, facility, equipment, staff and methodology and modality, etc.
- XX. Progress Notes – A written narrative of a client encounter, which provides sufficient detail to support the service code selected for the service type as indicated by the service code description.
- YY. Recovery Services – Recovery services emphasize the client's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to the client.
- ZZ. Residential Treatment (ASAM Level 3 programs) – Offer organized treatment services that feature a planned and structured regimen of care in a 24-hour residential setting. Treatment services adhere to defined policies, procedures and clinical protocols. They are housed in or affiliated with, permanent facilities where clients can reside safely. (One of the purposes of these programs is to demonstrate aspects of a positive recovery environment.) They are staffed 24 hours a day. All level 3 programs serve individuals who because of specific functional limitations, need safe stable living environments and 24-hour care.
1. **ASAM Level 3.1 – Clinically Managed Low-Intensity Residential Services:** Level 3.1 programs offer at least five (5) hours per week of low-intensity treatment of substance-related disorders. Treatment is characterized by services such as individual, group and family therapy; medication management; and psychoeducation. These services facilitate the application of recovery skills, relapse prevention, and emotional coping strategies. They promote personal responsibility and reintegration of the individual into the network systems of work, education and family life. Mutual/self-help meetings are available on-site, or easily accessible in the local community. When clinical services and recovery residence components are provided together, Level 3.1 programs often are considered appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment.
 2. **ASAM Level 3.3 – Clinically Managed Population Specific High-Intensity Residential Services:** Level 3.3 programs provide a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional limitations of clients to support recovery from substance-related disorders. For the typical client in a level 3.3 program, the

effects of the substance use disorder or a co-occurring disorder resulting in cognitive impairment on the client's life are so significant, and the resulting level of impairment so great that outpatient motivational and/or relapse prevention strategies are not feasible or effective. Similarly, the client's cognitive limitations make it unlikely that he or she could benefit from other levels of care. The functional limitations seen in individuals who are appropriately placed at Level 3.3 are primarily cognitive and can be temporary or permanent. They may result in problems in interpersonal relationships, emotional coping skills or comprehension.

Note: Adolescent-specific considerations are not included in level 3.3 programming because the types of programs described in Level 3.5 encompass the range of settings in which adolescent treatment is provided, and the distinction between Level 3.3 and Level 3.5 does not have sufficient specificity in adolescent treatment to merit the added complexity of adolescent-specific considerations.

3. **ASAM Level 3.5 – Clinically Managed High-Intensity Residential Services (Adults) and Clinically Managed Medium-Intensity Residential Services (Youth):** Level 3.5 programs are designed to serve clients who, because of specific functional limitations, need safe and stable living environments in order to develop and/or demonstrate sufficient recovery skills so that they do not immediately relapse or continue to use in an imminently dangerous manner upon transfer to a less intensive level of care. Clients are required to have a minimum of twenty (20) hours per week of individual or group sessions and/or structured therapeutic activities. Of these minimum twenty (20) hours, ten (10) hours, are required to be clinical services designed to meet the treatment goals and objectives of the patient. Level 3.5 assists clients whose substance use disorder is currently so out of control that they need a supportive treatment environment to initiate or continue a recovery process that has failed to progress. Their multidimensional needs are of such severity that they cannot safely be treated in less intensive levels of care. Many clients treated in Level 3.5 have significant social and psychological problems. For these clients, Level 3.5 programs are characterized by their reliance on the treatment community as a therapeutic agent. The goals of treatment in these programs are to promote abstinence from substance use, arrest other addictive and antisocial behaviors and effect change in client's lifestyles, attitudes and values.

- AAA. Re-Integrative Supportive Engagement Services (RISES) – a re-entry program which assesses incarcerated consumers in county jails for community reintegration purposes and facilitates linkage to community services. Consumers are referred while still incarcerated and pending release from jail.
- BBB. Services – Mental health or substance use disorder and recovery treatment services that include prevention, care coordination, therapy, and medication support activities. "Services" contracted through other departments or community-based organizations deem the organization a "service provider".

- CCC. Substance Use Disorder (SUD) – Substance Use Disorder includes substance abuse and substance dependence. Substance abuse is a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. Substance dependence is a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues use of substances despite significant substance related problems. Substance Use Disorder Services is the provision of services to prevent or reduce the harm of alcohol and other drugs throughout San Bernardino County through community action, education, support, and collaboration.
- DDD. Substance Use Disorder and Recovery Services (SUDRS) – The term “SUDRS” refers to San Bernardino County Department of Behavioral Health - Substance Use Disorder and Recovery Services.
- EEE. Supervised Treatment After Release (STAR) – Provides intensive care coordination, day rehabilitation, psychiatry and co-occurring services to mental health court clients.
- FFF. Therapeutic Alliance Program (TAP) – DBH Mental Health Program staff assigned to simultaneously provide mental health services to participants in the contract’s adult 90-day social rehabilitation residential treatment program. Mental health services are designed to be provided to those who have a co-occurring mental health and substance use disorder.
- GGG. Withdrawal Management (WM) (Detoxification) – Set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of the client who is acutely intoxicated and/or dependent on substances of abuse. Withdrawal Management seeks to minimize the physical harm caused by the abuse of substances.
1. **ASAM Level 3.2-WM Residential/Inpatient Withdrawal Management:** Clinically Managed Residential Withdrawal Management. This level is an organized service that may be delivered by appropriately trained staff who provide 24-hour supervision, observation, and support for clients who are intoxicated or experiencing withdrawal.
- HHH. Unit of Service refers to:
1. For care coordination, intensive outpatient treatment, outpatient services, Naltrexone treatment services, and recovery services contact with a client in 15-minute increments on a calendar day.
 2. For additional medication assisted treatment, physician services that includes ordering, prescribing, administering and monitoring of all medications for substance use disorders per visit or in 15-minute increments.
 3. For narcotic treatment program services, a calendar month of treatment services provided pursuant to this section and Chapter 4 commencing with 9 CCR § 100000.
 4. For physician consultation services, consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists in 15-minute increments.
 5. For residential services, providing 24-hour daily service, per client, per bed rate.

6. For withdrawal management per client per visit/daily unit of service.
7. For substance use disorder treatment services, a unit of service includes staff time spent conducting client visits, collateral visits, and group treatment sessions. Other services including time spent staffing client charts and documenting treatment sessions in the charts, should be included in the Contractor's code of the unit of service.

II. General Contract Requirements

A. Recitals

The recitals set forth above are true and correct and incorporated herein by this reference.

B. Change of address

Contractor shall notify DBH SUDRS Administration in writing, of any change in mailing address within ten (10) business days of the change.

C. Choice of Law

This Contract shall be governed by and construed according to the laws of the State of California.

D. Contract Exclusivity

This is not an exclusive Contract. The County reserves the right to enter into a contract with other contractors for the same or similar services. The County does not guarantee or represent that the Contractor will be permitted to perform any minimum amount of work, or receive compensation other than on a per order basis, under the terms of this Contract.

E. County Internship Initiative

Contractor agrees to be contacted by the County to solicit its participation in an internship initiative known as GenerationGo! Career Pathways, involving the potential placement and hiring of interns by Contractor's business. Contractor is encouraged, and agrees to make good faith efforts, to utilize the County's program to aid the **County's Vision for a skilled workforce and jobs that create countywide prosperity**, and its **goal to Create, Maintain and Grow Jobs and Economic Value in the County**. The County's objective with its internship initiative is to focus on training, education, employment and support services to develop a more highly-educated and trained workforce. When participating in the County's internship initiative, the Contractor remains an independent contractor and shall not be construed as agents, officers, or employees of the County. More information about the County's GenerationGo! Career Pathways Program can be located at <http://wp.sbcounty.gov/workforce/career-pathways/>.

F. Material Misstatement/Misrepresentation

If during the course of the administration of this Contract, the County determines that Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the County, this Contract may be immediately terminated. If this Contract is terminated according to this provision, the County is entitled to pursue any available legal remedies.

G. Mutual Covenants

The parties to this Contract mutually covenant to perform all of their obligations hereunder, to exercise all discretion and rights granted hereunder, and to give all consents in a reasonable manner consistent with the standards of “good faith” and “fair dealing”.

H. Notice of Delays

Except as otherwise provided herein, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this contract, that party shall, within twenty-four (24) hours, give notice thereof, including all relevant information with respect thereto, to the other party.

I. Relationship of the Parties

Nothing contained in this Contract shall be construed as creating a joint venture, partnership, or employment arrangement between the Parties hereto, nor shall either Party have the right, power or authority to create an obligation or duty, expressed or implied, on behalf of the other Party hereto.

J. Time of the Essence

Time is of the essence in performance of this Contract and of each of its provisions.

III. Contract Supervision

A. The Director or designee shall be the County employee authorized to represent the interests of the County in carrying out the terms and conditions of this Contract. The Contractor shall provide, in writing, the names of the persons who are authorized to represent the Contractor in this Contract.

B. Contractor will designate an individual to serve as the primary point of contact for this Contract. Contractor shall not change the primary contact without written notification and acceptance of the County. Contractor shall notify DBH SUDRS Administration when the primary contact will be unavailable/out of the office for one (1) or more workdays and will also designate a back-up point of contact in the event the primary contact is not available. Contractor or designee must respond to DBH inquiries within two (2) business days.

C. Contractor shall provide DBH Program contact with contact information, specifically, name, phone number and email address of Contractor’s staff member who is responsible for the following processes: Business regarding administrative issues, Technical regarding data issues, Clinical regarding program issues; and Facility.

IV. Performance

A. Recovery is an approach to helping the individual to live a healthy, satisfying, and hopeful life despite limitations and/or continuing effects caused by his or her substance use disorder. “Rehabilitation” is a strength-based approach to skills development that focuses on maximizing an individual’s functioning. Services shall support the individual in accomplishing his/her desired results. Program staffing should be multi-disciplinary and reflect the cultural, linguistic, ethnic, age, gender, sexual orientation and other social characteristics of the community which the program serves. Families, caregivers, human service agency personnel and other significant support persons should be encouraged to

participate in the planning and implementation process in responding to the individual's needs and desires, and in facilitating the individual's choices and responsibilities. Recovery programs by design may employ credentialed personnel and/or others with expert knowledge and experience in the substance use disorder treatment and recovery field.

- B. Under this Agreement, the Contractor shall provide those services, which are dictated by attached Addenda, Schedules and/or Attachments; specifically, Contractor will adhere to **Addendum I Agreement for Federal Block Grant**, **Addendum II** Substance Abuse Prevention and Treatment Block Grant (SABG) Program Specifications, **Addendum III** Drug Medi-Cal Organized Delivery System (DMC-ODS) Additional Provisions, **Addendum IV Agreement For The Provision Of Substance Use Disorder Services**, and **Addendum V Dual Diagnosis Capability in Addiction Training**. The Contractor agrees to be knowledgeable in and apply all pertinent local, State and Federal laws and regulations; including, but not limited to those referenced in the body of this Agreement, and all memos, letters, or instruction given by the Director and/or Program Manager II or designee in the provision of any and all Substance Use Disorder and Recovery Services programs. In the event information in the Addenda, Schedules and/or Attachments conflicts with the basic Agreement, then information in the Addenda, Schedules and/or Attachments shall take precedence to the extent permitted by law.
- C. **No Unlawful Use of Drugs Messaging and Material**
Contractor shall ensure that no program messaging, publication, education and/or material(s) will contain guidance, tips or suggestions on the "responsible use" of unlawful drugs; and would conflict with communication that the unlawful use of alcohol and drugs is illegal and dangerous. This requirement is in accordance with Health & Safety Code §11999-11999.3.
- D. **Data Collection and Performance Outcome Requirements**
Contractor shall comply with all local, State and Federal regulations regarding Performance Outcomes measurement requirements and participate in the outcomes measurement process, as required by the State and/or DBH and as outlined in the California Outcomes Measurement System (CalOMS). For Mental Health Services Act (MHSA) programs, Contractor agrees to meet the goals and intention of the program as indicated in the related MHSA Component Plan and most recent update.
Contractor shall comply with all requests regarding local, State and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement processes as requested.
MHSAOAC, DHCS, OSHPD, DBH and other oversight agencies or their representatives have specific accountability and outcome requirements. Timely reporting is essential for meeting those expectations.
1. Contractor must collect, manage, maintain and update client, service and episode data as well as staffing data required for local, State and Federal reporting.
 2. Contractor shall provide information by entering or uploading, on a timely basis to ensure reporting accuracy, required data into:

- a. County's billing and transactional database system.
 - b. DBH's client information system and, when available, its electronic health record system.
 - c. Individualized data collection applications as specified by DBH.
 - d. Any other data or information collection system identified by DBH, the MHSOAC, OSHPD or DHCS.
3. Contractor shall comply with all requirements regarding paper or online forms:
 - a. Annual Treatment Perception Surveys (paper-based): annually, or as designated by DHCS. Contractor shall collect consumer perception data for clients served by the programs. The data to be collected includes, but not limited to, the client's perceptions of the quality and results of services provided by the Contractor.
 - b. Client preferred language survey (paper-based), if requested by DBH.
 - c. Intermittent services outcomes surveys.
 - d. Surveys associated with services and/or evidence-based practices and programs intended to measure strategy program, component, or system level outcomes and/or implementation fidelity.
 - e. Network Adequacy Certification Tool (NACT) as required by DHCS and per DBH instructions.
4. Data must be entered, submitted and/or updated in a timely manner for:
 - a. All FSP and non-FSP clients: this typically means that client, episode and service-related data shall be entered into the County's billing and transactional database system.
 - b. All service, program, and survey data will be provided in accordance with all DBH established timelines.
5. Contractor will ensure that data are consistent with DBH's specified operational definitions, that data are in the required format, that data is correct and complete at time of data entry, and that databases are updated when information changes.
6. Data collection requirements may be modified or expanded according to local, State, and/or Federal requirements.
7. Contractor shall submit, monthly, its own analyses of the data collected for the prior month, demonstrating how well the contracted services or functions provided satisfied the intent of the Contract, and indicating, where appropriate, changes in operations that will improve adherence to the intent of the Contract. The format for this reporting will be provided by DBH.
8. Independent research involving clients shall not be conducted without the prior written approval of the Director of DBH. Any approved research must follow the guidelines in the DBH Research Policy, as well as requirements set forth in 42 C.F.R § 2.52 Research.

Note: Independent research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalized knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

E. Right to Monitor and Audit Performance and Records

1. Right to Monitor

County or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Auditor General, shall have absolute right to review and audit all records, books, papers, documents, corporate minutes, financial records, staff information, patient records other pertinent items as requested, and shall have absolute right to monitor the performance of Contractor in the delivery of services provided under this Contract. Full cooperation shall be given by Contractor in any auditing or monitoring conducted, according to this agreement and per 42 C.F.R. § 2.53 Audit and Evaluation.

Contractor shall make all of its premises, physical facilities, equipment, books, records, documents, contracts, computers, or other electronic systems pertaining to Drug Medi-Cal enrollees, Drug Medi-Cal-related activities, services, and activities furnished under the terms of this Contract, or determinations of amounts payable available at any time for inspection, examination, or copying by DBH, the State of California or any subdivision or appointee thereof, Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services (HHS) Office of Inspector General, the United States Comptroller General or their designees, and other authorized Federal and State agencies. This audit right will exist for at least ten (10) years from the final date of the contract period or in the event the Contractor has been notified that an audit or investigation of this Contract has commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies. Records and documents include, but are not limited to, all physical and electronic records.

Contractor shall cooperate with the County in the implementation, monitoring and evaluation of this Agreement and comply with any and all reporting requirements established by the County. Should the County identify an issue or receive notification of a complaint or potential/actual/suspected violation of requirements, County may audit, monitor, and/or request information from Contractor to ensure compliance with laws, regulations, and requirements, as applicable.

County reserves the right to place the Contractor on probationary status, as referenced in the Probationary Status Article, should the Contractor fail to meet performance requirements; including, but not limited to violations such as high disallowance rates, failure to report incidents and changes as contractually required, failure to correct issues, inappropriate invoicing, timely and accurate data entry, meeting performance outcomes expectations, and violations issued directly from the

State. Additionally, Contractor may be subject to Probationary Status or termination if contract monitoring and auditing corrective actions are not resolved within specified timeframes.

2. Availability of Records

Contractor and subcontractors, shall retain, all records and documents originated or prepared pursuant to Contractor's or subcontractor's performance under this Contract, including beneficiary grievance and appeal records as indicated in 42 Code of Federal Regulations (CFR) section 438.416, and the data, information and documentation specified in 42 CFR sections 438.604, 438.606, 438.608, and 438.610 for a period of no less than ten (10) years from the term end date of this Contract or until such time as the matter under audit or investigation has been resolved. Records and documents include, but are not limited to, all physical and electronic records and documents originated or prepared pursuant to Contractor's or subcontractor's performance under this Contract including working papers, reports, financial records and documents of account, beneficiary records, prescription files, subcontracts, and any other documentation pertaining to covered services and other related services for beneficiaries.

Contractor shall maintain all records and management books pertaining to local service delivery and demonstrate accountability for contract performance and maintain all fiscal, statistical, and management books and records pertaining to the program. Contractor shall ensure and oversee the existence of reasonable internal control over fiscal records and financial reporting.

Records, should include, but are not limited to, monthly summary sheets, sign-in sheets, and other primary source documents.

Contractor shall permit DBH and the State access and inspection of electronic or print books and records, access to physical facilities, and access and ability to interview employees. Failure to permit access for inspection and/or ability to interview is a breach of this Contract and sufficient basis to terminate for cause or default.

All records shall be complete, current, and comply with all Contract requirements. Failure to maintain acceptable records per the preceding requirements shall be considered grounds for withholding of payments for billings submitted and for termination of a Contract.

Contractor shall maintain client and community service records in compliance with all regulations set forth by local, State, and Federal requirements, laws and regulations, and provide access to clinical records by DBH staff.

Contractor shall comply with Medical Records/Protected Health Information Article regarding relinquishing or maintaining medical records.

Contractor shall agree to maintain and retain all appropriate service and financial records for a period of at least ten (10) years from the date of final payment, the final date of the contract period, final settlement, or until audit findings are resolved, whichever is later.

Contractor shall submit audited financial reports on an annual basis to DBH. The audit shall be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards.

In the event the Contract is terminated, ends its designated term or the Contractor ceases operation of its business, Contractor shall deliver or make available to DBH all financial records that may have been accumulated by Contractor or Subcontractor under this Contract, whether completed, partially completed or in progress within seven (7) calendar days of said termination/end date.

3. Assistance by Contractor

Contractor shall provide all reasonable facilities and assistance for the safety and convenience of County's representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work of the Contractor.

F. Notwithstanding any other provision of this Agreement, the County may withhold all payments due to the Contractor, if the Contractor has been given at least thirty (30) days notice of any deficiency(ies) and has failed to correct such deficiency(ies). Such deficiency(ies) may include, but are not limited to: failure to provide services described in this Agreement; Federal, State, and County audit exceptions resulting from noncompliance, violations of pertinent Federal and State laws and regulations, and significant performance problems as determined by the Director or designee from monitoring visits.

G. County has the discretion to revoke full or partial provisions of the Contract, delegated activities or obligations, or application of other remedies permitted by State or Federal law when the County or DHCS determines Contractor has not performed satisfactorily.

H. Cultural Competency

The State mandates counties to develop and implement a Cultural Competency Plan (CCP). This CCP applies to all DBH services. Policies and procedures and all services must be culturally and linguistically appropriate. Contract agencies are included in the implementation process of the most recent State approved CCP for San Bernardino County and shall adhere to all cultural competency standards and requirements. Contractor shall participate in the County's efforts to promote the delivery of services in a culturally competent and equitable manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity. In addition, contract agencies will maintain a copy of the current DBH CCP.

1. Cultural and Linguistic Competency

Cultural competence is defined as a set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers and professionals that enables that system, agency, or those professionals and consumer providers to work effectively in cross-cultural situations.

- a. To ensure equal access to quality care for diverse populations, Contractor shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Services (CLAS) national standards.
- b. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.
- c. Contractor shall be required to assess the demographic make-up and population trends of its service area to identify the cultural and linguistic needs of the eligible beneficiary population. Such studies are critical to designing and planning for providing appropriate and effective mental health and substance use disorder treatment services.
- d. Upon request, Contractor shall provide DBH with culture-specific service options available to be provided by Contractor.
- e. Contractor shall have the capacity or ability to provide interpretation and translation services in threshold and prevalent non-English languages, free of charge to beneficiaries. Upon request, Contractor will provide DBH with language service options available to be provided by Contractor. Including procedures to determine competency level for multilingual/bilingual personnel.
- f. Contractor shall provide cultural competency training to personnel.

NOTE: Contractor staff is required to complete cultural competency trainings. Staff who do not have direct contact providing services to clients/consumers shall complete a minimum of two (2) hours of cultural competency training, and direct service staff shall complete a minimum of four (4) hours of cultural competency training each calendar year. Contractor shall upon request from the County, provide information and/or reports as to whether its provider staff completed cultural competency training.

- g. DBH recognizes that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. Providing mental health and substance use disorder treatment services in a culturally appropriate and responsive manner is fundamental in any effort to ensure success of high quality and cost-effective behavioral health services. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers does not reflect high quality of care and is not cost-effective.

- h. To assist Contractor's efforts towards cultural and linguistic competency, DBH shall provide the following:
 - i. Technical assistance to Contractor regarding cultural competency implementation.
 - a) Monitoring activities administered by DBH may require Contractor to demonstrate documented capacity to offer services in threshold languages or contracted interpretation and translation services.
 - b) procedures must be in place to determine multilingual and competency level(s).
 - ii. Demographic information to Contractor on service area for service(s) planning.
 - iii. Cultural competency training for DBH and Contractor personnel, when available.
 - iv. Interpreter training for DBH and Contractor personnel, when available.
 - v. Technical assistance for Contractor in translating mental health and substance use disorder treatment services information to DBH's threshold languages. Technical assistance will consist of final review and field testing of all translated materials as needed.
 - vi. The Office of Equity and Inclusion (OEI) may be contacted for technical assistance and training offerings at cultural_competency@dbh.sbcounty.gov or by phone at (909) 386-8223.

I. Access by Public Transportation

Contractor shall ensure that services provided are accessible by transportation.

J. Site Inspection

Contractor shall permit authorized County, State, and/or Federal Agency(ies), through any authorized representative, the right to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract support activities and the premises which it is being performed. The Contractor shall provide all reasonable assistance for the safety and convenience of the authorized representative in the performance of their duties. All inspections and evaluations shall be made in a manner that will not unduly delay the work.

K. Collections Costs

Should the Contractor owe monies to the County for reasons including, but not limited to, Quality Management review, cost-settlement, and/or fiscal audit, and the Contractor has failed to pay the balance in full or remit mutually agreed upon payment, the County may refer the debt for collection. Collection costs incurred by the County shall be recouped

from the Contractor. Collection costs charged to the Contractor are not a reimbursable expenditure under the Contract.

L. Internal Control

Contractor must establish and maintain effective internal control over the County Fund to provide reasonable assurance that the Contractor manages the County Fund in compliance with Federal, State and County statutes, regulations, and terms and conditions of the Contract.

Fiscal practices and procedures shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Additionally, fiscal practices and procedures must comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

M. Damage to County Property, Facilities, Buildings, or Grounds (If Applicable)

Contractor shall repair, or cause to be repaired, at its own cost, all damage to County vehicles, facilities, buildings or grounds caused by the willful or negligent acts of Contractor or employees or agents of the Contractor. Contractor shall notify DBH SUDRS Administration within two (2) business days when such damage has occurred. All repairs or replacements must be approved by the County in writing, prior to the Contractor's commencement of repairs or replacement of reported damaged items. Such repairs shall be made as soon as possible after Contractor receives written approval from DBH but no later than thirty (30) days after the DBH approval.

N. If the Contractor fails to make timely repairs, the County may make any necessary repairs. The Contractor, as determined by the County, for such repairs shall repay all costs incurred by the County, by cash payment upon demand, or County may deduct such costs from any amounts due to the Contractor from the County.

O. Damage to County Issued/Loaned Equipment (if Applicable)

1. Contractor shall repair, at its own cost, all damage to County equipment issued/loaned to Contractor for use in performance of this Contract. Such repairs shall be made immediately after Contractor becomes aware of such damage, but in no event later than thirty (30) days after the occurrence.

2. If the Contractor fails to make timely repairs, the County may make any necessary repairs. The Contractor shall repay all costs incurred by the County, by cash payment upon demand, or County may deduct such costs from any amounts due to the Contractor from the County.

3. If a virtual private network (VPN) token is lost or damaged, Contractor must contact DBH immediately and provide the user name assigned to the VPN Token. DBH will obtain a replacement token and assign it to the user account. Contractor will be responsible for the VPN token replacement fee.

P. All services performed by the Contractor, regardless of funding, shall be entered into the County's billing and transactional database system no later than the seventh (7th) day of

the following month. Reports will be run by DBH Fiscal after this date and the reports will be used for payment of services.

Q. Drug and Treatment Access Report

Contractor shall comply with all State regulations regarding the Drug and Treatment Access Report (DATAR) requirements and participate in the DATAR process, as required by the State, which includes, but is not limited to, enrollment in DHCS's web-based DATAR program for submission of data, accessible on the DHCS website upon execution of this contract.

Contractor shall complete the monthly DATAR reporting requirements, in an electronic copy format, no later than the fifth (5th) day of the following month for the prior month's services and demographic information.

Contractor shall notify DBH SUDRS Administration and DHCS upon reaching or exceeding ninety percent (90%) of its treatment capacity within seven (7) days of reaching capacity by e-mailing DHCSOWPS@dhcs.ca.gov and DBH-SUDRSADMIN@dbh.sbcounty.gov, or most recent email address as provided by DHCS and/or DBH SUDRS Administration. The subject line in the e-mail shall read "Capacity Management."

Should the Contractor experience system or service failure or other extraordinary circumstances that affect its ability to timely submit a monthly DATAR report, Contractor shall immediately, but no later than three (3) days before the submission deadline, report the problem to DBH in writing. Contractor shall include in the notice a corrective action plan that is subject to review and approval by DBH and DHCS. Contractor acknowledges if the problem is not resolved in the determined grace period, which cannot exceed sixty (60) days, non-DMC payments may be withheld. Contractor acknowledges the State may assess penalties to the County or directly to the Contractor to which the Contractor is responsible for payment if the County or Contractor is found to be non-compliant with DATAR requirements.

R. Strict Performance

Failure by a party to insist upon the strict performance of any of the provisions of this Contract by the other party, or the failure by a party to exercise its rights upon the default of the other party, shall not constitute a waiver of such party's right to insist and demand strict compliance by the other party with the terms of this Contract thereafter.

S. Telehealth

Contractor shall utilize telehealth, when deemed appropriate, as a mode of delivering behavioral health services in accordance with all applicable state and federal requirements, DBH's Telehealth Policy (MDS2027) and Procedure (MDS2027-1), as well as DHCS Telehealth Policy, CMS Telehealth/Telemedicine Standards, and those related to privacy/security, efficiency, and standards of care.

V. Funding

A. This Agreement is contingent upon sufficient funds being made available by Federal, State, and/or County governments for the term of the Agreement. Funding is by fiscal

year period July 1 through June 30. Costs and services are accounted for by fiscal year. Any unspent fiscal year allocation will not roll over and will not be available in future years. Any unspent allocation by fiscal year may, upon County review and approval, be available within the current fiscal year. Each fiscal year period is settled to Federal and/or State cost reporting accountability.

- B. The maximum financial obligation of the County under this Agreement shall not exceed the sum referenced in the Schedules A and B. The maximum financial obligation is further limited by fiscal year and funding source and service types as delineated on the Schedules A and B. Contractor may not transfer funds between funding sources of a budgeted line item without the prior written approval from DBH.
 - 1. It is understood between the parties that the Schedules A and B are budgetary guidelines. Contractor must adhere to the budget by categorical funding outlined in the Schedule A of the Contract as well as track year-to-date expenditures. Contractor understands that costs incurred for services not listed or in excess of categorical funding in the Schedule A shall result in non-payment to Contractor for these costs.
- C. Contractor agrees to renegotiate the dollar value of this Contract, at the option of the County, if the annualized projected units of service for any service type based on claims submitted for the operative fiscal year, is less than the target percentage of the service types as reported in Schedules A and B.
- D. If the annualized projected units of service for any based on claims submitted for the operative fiscal year, is greater than 100% of the projected units (minutes/hours of time) reported in the Schedules A and B, the County and Contractor agree to meet to discuss the feasibility of renegotiating this Agreement. Contractor must notify DBH SUDRS Administration of Contractor's desire to meet and discuss no later than February 1 of the operative fiscal year.
- E. County will take into consideration requests for changes to Contract funding, within the existing contracted amount. All requests must be submitted in writing by Contractor, with updated budget schedules and justification, to DBH Program no later than February 1 for the operative fiscal year. County will take into consideration requests to increase or decrease Contract funding. All requests must be submitted in writing by Contractor, with justification, to DBH Program no later than March 31st for the operative fiscal year.
- F. A portion of the funding for these services includes Federal Funds. The Federal CFDA numbers are 93.959 and 93.778.
- G. In the event of a reduction of the County's allocation of Federal, State or County funding for substance use disorder programs, the Contractor agrees to accept a reduction in funding under this Contract to be determined by the County.
- H. Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming all possible Medi-Cal services. Therefore, Contractor must determine on a monthly basis, client eligibility for or entitlement to any and all of the funding used by the County for services to pay for services under the terms and conditions of this Contract. Contractor shall then bill County for those services based on client eligibility or entitlement.

Failure to verify eligibility or comply with all program and funding requirements will result in non-payment of services.

1. The County may not be responsible for beneficiaries that do not reside within County boundaries and do not meet eligibility.
- I. If client eligibility for a categorical funding is found by the County to be different than eligibility determined by Contractor, County's determination of eligibility will be used to reimburse Contractor for said services. Additionally, no payment will be made for identified services if it is determined that Contractor is out of compliance with program and funding requirements.
 - J. Contractor Prohibited From Redirections of Contracted Funds:
 1. Funds under this Agreement are provided for the delivery of SUD services to eligible beneficiaries under each of the funded programs identified in the Scope of Work. Each funded program has been established in accordance with the requirements imposed by each respective County, State and/or Federal payer source contributing to the funded program.
 2. Contractor may not redirect funds from one funded program to another funded program, except through a duly executed amendment to this Agreement.
 - K. The allowable funding sources for this Contract may include: Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG), Federal Financial Participation Drug Medi-Cal, California Work Opportunity and Responsibility to Kids, Memorandum of Understanding with Children and Family Services, 2011 Realignment, Mental Health Services Administration Community Services Mental Health Block Grant, Assembly Bill 109 Public Safety Realignment, and Mental Health Services Act. Federal funds may not be used as match funds to draw down other federal funds.
 - L. The contract aggregate amount of \$89,730,320 shall be for the contract term.
 - M. The Schedules A and B will be submitted to, and approved by, the Director or designee at a later date.

VI. Limitation on Use of Funds

- A. Contractor agrees that no part of any federal funds provided under this Contract shall be used to support lobbying activities to influence proposed or pending Federal or State legislation or appropriations.
- B. Contractor shall not use any state or federal funds to provide direct, immediate or substantial support to any religious activity.
- C. Nondiscrimination and Institutional Safeguards for Religious Providers
 - Contractor shall establish such processes and procedures as necessary to comply with the provisions of USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54.
- D. No funds made available through this Contract shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

- E. None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substance Act (21USC 812).

VII. Provisional Payment

- A. During the term of this Agreement, the County shall reimburse Contractor in arrears for eligible expenditures provided under this Agreement and in accordance with the terms. County reimbursements to Contractor for performance of eligible expenditures hereunder are provisional until the completion of all settlement activities.
- B. County's adjustments to reimbursements to Contractor will be based upon State adjudication of Medi-Cal claims, contractual limitations of this Agreement, annual cost report, application of various County, State and/or Federal reimbursement limitations, application of any County, State and/or Federal policies, procedures and regulations and/or County, State or Federal audits, all of which take precedence over monthly claim reimbursement. State adjudication of Medi-Cal claims, annual cost report and audits, as such payments, are subject to future County, State and/or Federal adjustments.
- C. All expenses claimed to DBH must be specifically related to the contract. After DBH's review and approval of the billing or invoice, County shall reimburse Contractor, subject to the limitations and conditions specified in this Agreement, in accordance with the following:
 - 1. The County will reimburse Contractor based upon Contractor's submitted and approved claims for rendered services/activities subject to claim adjustments.
 - 2. Reimbursement during the fiscal year for SUD services claimed and billed through the DBH treatment claims processing information system will utilize interim rates, actual cost, and funding budgets. Year-end cost settlement will be based on actual allowable cost, not to exceed to the contract maximum.
 - 3. Contractor shall pull a revenue report monthly from the DBH billing and transactional database system and reconcile their denied claims. It is the responsibility of Contractor to make any necessary corrections to the denied services and notify DBH SUDRS Administration. The County will resubmit the corrected services to DHCS for adjudication.
 - 4. In the event that the denied claims cannot be corrected, and therefore the State DHCS will not approve the denied claims, the County may recover the paid funds from Contractor's current invoice payment.
- D. Contractor shall bill the County monthly in arrears after the month of services has ended, for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Contractor shall submit the organizations' Profit and Loss Statement with each monthly claim. Each claim shall reflect any and all payments made to Contractor by, or on behalf of patients. Claims for reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment

within a reasonable period. Payment, for any service covered hereunder, shall be limited as noted.

- E. If applicable, no single monthly payment shall exceed one-twelfth (1/12) of the maximum allocations for the funding source unless there have been payments of less than one-twelfth (1/12) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-twelfth (1/12) of the maximum for that funding source.
- F. In order for the County to properly report accurate expenditures to the State at the end of the fiscal year, Contractor must have the final Claim for Reimbursement Report to the County within 30 (thirty) days following the end of the fiscal year, which is June 30.
- G. Contractor shall ensure that the proposed interim reimbursement rates do not exceed the Contractor's actual cost.
- H. Reportable revenues are fees paid by persons receiving services or fees paid on behalf of such persons by the Federal Government, by the California Medical Assistance Program (set forth commencing with Section 14000 of the Welfare and Institutions Code) and by other public or private sources.
- I. Total revenue collected pursuant to this Agreement from fees collected for services rendered and/or claims for reimbursement from the County shall not exceed the cost of services delivered by the Contractor. In no instance will the Contractor be reimbursed more than the actual net cost of delivering services under this Contract.
- J. Contractor shall input Charge Data Invoices (CDI's) into the County's billing and transactional database system by the seventh (7th) day of the month for the previous month's services. Contractor will be paid based on Drug Medi-Cal claimed services in the County's billing and transactional database system for the previous month. Services cannot be billed by the County to the State until they are input into the County's billing and transactional database system.
 - 1. In order to properly reimburse Contractor for eligible monthly services, service data entry must be entered in the month of service. Failure to enter current data may result in delay of payment or non-payment.
- K. Contractor shall accept all payments from the County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by the County required to process EFT payments.
- L. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 USC 1396(a) (68)], set forth in that subsection and as the federal Secretary of the United States Department of Health and Human Services may specify.

- M. Contractor agrees that no part of any federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov> (U.S. Office of Personnel Management).
- N. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- O. Contractor shall have a written policy and procedures which outline the allocation of direct and indirect costs. These policies and procedures should follow the guidelines set forth in the Uniform Grant Guidance, Cost Principles and Audit Requirements for Federal Awards. Calculation of allocation rates must be based on actual data (total direct cost, labor costs, labor hours, etc.) from current fiscal year. Contractor shall acquire actual data necessary for indirect costs allocation purpose. Estimated costs must be reconciled to actual cost and contractor must notify DBH SUDRS Administration in writing if the indirect cost rate changes.
- P. As applicable, for Federal Funded Programs, Contractor shall charge the County program a de Minimis ten percent (10%) of the Modified Total Direct Cost (MTDC) as indirect cost unless Contractor has obtained a "Negotiated Indirect Cost Rates Agreement" from a cognizant agency responsible for negotiating and approving indirect cost rate for non-profit organizations on behalf of all Federal agencies.

Contractor's total non-Federal indirect cost shall be capped at 15% of the Modified Total Direct Cost (MTDC) unless, Contractor obtained a "Federal Agency Acceptance of Negotiated Indirect Cost Rates Agreement", then total indirect cost capped will be based on the Federally Negotiated Indirect Cost Rate. Indirect cost allocation method must be in compliance with Code of Federal Regulations (eCFR) Title 2 Chapter II Part 200 Subpart E: Cost Principles. If the indirect cost rate is not in compliance with said eCFR regulation then the contract's Federal indirect cost rate will be capped at de Minimis ten percent (10%) of the MTDC.

The total cost of the program must be composed of the total allowable direct cost and allocable indirect cost less applicable credits. Cost must be consistently charged as either indirect or direct costs but, may not be double charged or inconsistently charged as both, reference Title II Code of Federal Regulations (CFR) §200.414 Indirect (F&A) costs. All costs must be based on actual costs, instead of estimated costs.

- Q. Contractor shall not request additional payments and acknowledges payment for services covered under this contract can only be made to the Contractor, no other network provider or agency.
- R. Prohibited Payments
 - 1. County shall make no payment to Contractor other than payment for services covered under this Contract.

2. Federal Financial Participation is not available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].
3. In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:
 - a. Furnished under contract by any individual or entity during any period when the individual or entity is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act.
 - b. Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).
 - c. Furnished by an individual or entity to whom the County has failed to suspend payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless the County determines there is good cause not to suspend such payments.
 - d. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act (ASFRA) of 1997.

VIII. Electronic Signatures

- A. The State has established the requirements for electronic signatures in electronic health record systems. DBH has sole discretion to authorize contractors to use e-signatures as applicable. If a contractor desires to use e-signatures in the performance of this Contract, the Contractor shall:
 1. Submit the request in writing to the DBH Office of Compliance (Compliance) along with the E-Signature Checklist and requested policies to the Compliance general email inbox at compliance_questions@dbh.sbcounty.gov
 2. Compliance will review the request and forward the submitted checklist and policies to the DBH Information Technology (IT) for review. This review period will be based on the completeness of the material submitted.
 3. Contractor will receive a formal letter with tentative approval and the E-Signature Agreement. Contractor shall obtain all signatures for staff participating in E-Signature and submit the Agreement with signatures, as directed in the formal letter.

4. Once final, the DBH Compliance will send a second formal letter with the DBH Director's approval and a copy of fully executed E-Signature Agreement will be sent to the Contractor.
 5. DBH reserves the right to change or update the e-signature requirements as the governing State Agency(ies) modifies requirements.
 6. DBH reserves the right to terminate e-signature authorization at will and/or should the contract agency fail to uphold the requirements.
- B. DBH reserves the right to change or update the e-signature requirements as the governing State agency(ies) modifies requirements.
- C. DBH reserves the right to terminate e-signature authorization at will and/or should the contract agency fail to uphold the requirements.

IX. Cost Report Settlement

- A. Section 14124.24 (g) of the Welfare and Institutions Code (WIC) and Section 11852.5 I of the Health and Safety Code (HSC) requires contractors to submit accurate and complete cost reports for the previous fiscal year. Contractor shall provide DBH with a complete and correct statement of annual costs in order for the County to complete State Cost Report not later than forty-five (45) days at the end of each fiscal year and not later than forty-five (45) days after the expiration date or termination of this Contract, unless otherwise notified by the County.
1. Accurate and complete annual cost report shall be defined as a cost report which is completed on forms or in such formats as specified by the County and consistent with such instructions as the County may issue and based on the best available data provided by the County.
- B. The Cost Report is a multiyear process consisting of a preliminary, interim, and final settlement, and is subject to audit by DHCS.
- C. These cost reports shall be the basis upon which the County reports to the State costs for all services provided.
1. Contractor is required to identify where the cost was incurred by expenditure for the fiscal year.
 2. The total costs reported on the cost report must match the total of all the claims submitted to DBH by Contractor as of the end of the fiscal year which includes revised and/or final claims. Any variances between the total costs reported in the cost report and the fiscal year claimed costs must be justified, by contractor, during the cost report process. Approval will be at the discretion of the County.
- D. Notwithstanding Final Settlement: Audit Article, Paragraph F, the County shall have the option:
1. To withhold payment, or any portion thereof, pending outcome of a termination audit to be conducted by the County;

2. To withhold any sums due Contractor as a result of a termination audit or similar determination regarding Contractor's indebtedness to the County and to offset such withholdings as to any indebtedness to the County.
- E. Preliminary and Final Cost Settlement: The cost of services rendered shall be adjusted to the lowest of the following:
1. Actual net costs for direct prevention and/or treatment services; or
 2. Maximum Contracted allowance by funding category; or
 3. Provider customary charge.
- F. In the event Contractor fails to complete the cost report(s) when due, the County may, at its option, withhold current payments or any monetary settlements due Contractor until the cost report(s) is (are) complete.
- G. Only the Director or designee may make exception to the requirement set forth in Cost Report Settlement Article, Paragraph A above, by providing Contractor written notice of the extension of the due date.
- H. If Contractor does not submit the required cost report(s) when due and therefore no costs have been reported, the County may, at its option, request full payment of all funds paid Contractor under Payment Article of this Agreement. Contractor shall reimburse the full amount of all payments made by the County to Contractor within a period of time to be determined by the Director or designee.
- I. No claims for reimbursement will be accepted by the County after the cost report is submitted by the contractor. The total costs reported on the cost report must match the total of all the claims submitted to DBH by Contractor as of the end of the fiscal year which includes revised and/or final claims. Any variances between the total costs reported in the cost report and fiscal year claimed costs must be justified during the cost report process in order to be considered allowable.
- J. Annual Cost Report Reconciliation Settlement shall be subject to the limitations contained in this Agreement but not limited to:
1. Available Match Funds.
 2. Actual submitted and approved claims to those third-parties providing funds in support of specific funded programs.

X. Fiscal Award Monitoring

- A. County has the right to monitor the Contract during the award period to ensure accuracy of claim for reimbursement and compliance with applicable laws and regulations.
- B. Contractor agrees to furnish duly authorized representatives from the County and the State access to patient/client records, in accordance with 42 CFR §2.53 and per CFR Part 200 Title 2, Subpart F § 200.508, and to disclose to State and County representatives all financial records necessary to review or audit Contract services and to evaluate the cost, quality, appropriateness and timeliness of services. Contractor shall ensure County or State representative signs an Oath of Confidentiality/confidentiality statement when

requesting access to any patient records. Contractor will retain said statement for its records.

- C. If the appropriate agency of the State of California, or the County, determines that all, or any part of, the payments made by the County to Contractor pursuant hereto are not reimbursable in accordance with this Agreement, said payments will be repaid by Contractor to the County. In the event such payment is not made on demand, the County may withhold monthly payment on Contractor's claims until such disallowances are paid by Contractor.
- D. If a Corrective Action Plan (CAP) is required during the annual monitoring process, it must be approved by DBH Audits. In the event the Contractor fails to obtain an approved CAP, the County may, at its option, withhold payment or any monetary settlement until the CAP is approved.

XI. Final Settlement: Audit

- A. Contractor agrees to maintain and retain all appropriate service and financial records for a period of at least ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later. This is not to be construed to relieve Contractor of the obligations concerning retention of medical records as set forth in Medical Records/Protected Health Information Article.
- B. Contractor agrees to furnish duly authorized representatives from the County and the State access to patient/client records and to disclose to State and County representatives all financial records necessary to review or audit Contract services and to evaluate the cost, quality, appropriateness and timeliness of services. Contractor shall attain a signed confidentiality statement from said County or State representative when access to any patient record is being requested for research and/or auditing purposes. Contractor will retain the confidentiality statement for its records.
- C. If the appropriate agency of the State of California, or the County, determines that all, or any part of, the payments made by the County to Contractor pursuant hereto are not reimbursable in accordance with this Agreement, said payments will be repaid by Contractor to the County. In the event such payment is not made on demand, the County may withhold monthly payment on Contractor's claims until such disallowances are paid by Contractor, may refer for collections, and/or the County may terminate and/or indefinitely suspend this Agreement immediately upon serving written notice to the Contractor.
- D. The eligibility determination and the fees charged to, and collected from, patients whose treatment is provided for hereunder may be audited periodically by the County, DBH and the State.
- E. Contractor expressly acknowledges and will comply with all audit requirements contained in the Contract documents. These requirements include, but are not limited to, the agreement that the County or its designated representative shall have the right to audit, to review, and to copy any records and supporting documentation, pertaining to the performance of this Agreement. The Contractor shall have fourteen (14) days to provide a response and additional supporting documentation upon receipt of the draft post

Contract audit report. DBH – Administration Audits will review the response(s) and supporting documentation for reasonableness and consider updating the audit information. After said time, the post Contract audit report will be final.

- F. In the event, a post Contract audit finds that Contractor is out of compliance in supporting client eligibility requirements for any categorical funding, including Drug Medi-Cal, the services will be deemed unallowable.
- G. If a post Contract audit finds that funds reimbursed to Contractor under this Agreement were in excess of actual costs or in excess of claimed costs (depending upon State of California reimbursement/audit policies) of furnishing the services, the difference shall be reimbursed on demand by Contractor to the County using one of the following methods, which shall be at the election of the County:
 - 1. Payment of total.
 - 2. Payment on a monthly schedule of reimbursement agreed upon by both the Contractor and the County.
- H. If there is a conflict between a State of California audit of this Agreement and a County audit of this Agreement, the State audit shall take precedence.
- I. In the event this Agreement is terminated, the last reimbursement claim shall be submitted within sixty (60) days after the Contractor discontinues operating under the terms of this Agreement. When such termination occurs, the County shall conduct a final audit of the Contractor within the ninety (90) day period following the termination date, and final reimbursement to the Contractor by the County shall not be made until audit results are known and all accounts are reconciled. No claims for reimbursement shall be accepted after the sixtieth (60th) day following the date of contract termination.

XII. Single Audit Requirement

- A. Pursuant to CFR, Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Contractors expending the threshold amount or more in Federal funds within the Contractor's fiscal year must have a single or program-specific audit performed in accordance with Subpart F, Audit Requirements. The audit shall comply with the following requirements:
 - 1. The audit shall be performed by a licensed Certified Public Accountant (CPA).
 - 2. The audit shall be conducted in accordance with generally accepted auditing standards and Government Auditing Standards, latest revision, issued by the Comptroller General of the United States.
 - 3. At the completion of the audit, the Contractor must prepare, in a separate document from the auditor's findings, a corrective action plan to address each audit finding included in the auditor's report(s). The corrective action plan must provide the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If Contractor does not agree with the audit findings or believes corrective action is not required, then the corrective action plan must include an explanation and specific reasons.

4. Contractor is responsible for follow-up on all audit findings. As part of this responsibility, the Contractor must prepare a summary schedule of prior audit findings. The summary schedule of prior audit findings must report the status of all audit findings included in the prior audit's schedule of findings and questioned costs. When audit findings were fully corrected, the summary schedule need only list the audit findings and state that corrective action was taken.
5. Contractor must electronically submit within thirty (30) calendar days after receipt of the auditor's report(s), but no later than nine (9) months following the end of the Contractor's fiscal year, to the Federal Audit Clearinghouse (FAC) the Data Collection Form SF-SAC (available on the FAC Web site) and the reporting package which must include the following:
 - a. Financial statements and schedule of expenditures of Federal awards.
 - b. Summary schedule of prior audit findings.
 - c. Auditor's report(s).
 - d. Corrective action plan.

Contractor must keep one copy of the data collection form and one copy of the reporting package described above on file for ten (10) years from the date of submission to the FAC or from the date of completion of any audit, whichever is later.

6. The cost of the audit made in accordance with the provisions of Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards can be charged to applicable Federal awards. However, the following audit costs are unallowable:
 - a. Any costs when audits required by the Single Audit Act that have not been conducted or have been conducted but not in accordance with the Single Audit requirement.
 - b. Any costs of auditing that is exempted from having an audit conducted under the Single Audit Act and Subpart F – Audit Requirements because its expenditures under Federal awards are less than the threshold amount during the Contractor's fiscal year.

Where apportionment of the audit is necessary, such apportionment shall be made in accordance with generally accepted accounting principles, but shall not exceed the proportionate amount that the Federal funds represent of the Contractor's total revenue.

The costs of a financial statement audit of Contractor's that do not have a Federal award may be included in the indirect cost pool for a cost allocation plan or indirect cost proposal.

7. Contractor must prepare appropriate financial statements, including Schedule of Expenditures for Federal Awards (SEFA), if applicable.

8. The work papers and the audit reports shall be retained for a minimum of ten (10) years from the date of the final audit report, and longer if the independent auditor is notified in writing by the County to extend the retention period.
9. Audit work papers shall be made available upon request to the County and/or the State, and copies shall be made as reasonable and necessary.

XIII. Special Reports

Contractor agrees to submit reports as stipulated by the Director or designee to the address listed below:

Department of Behavioral Health
Substance Use Disorder and Recovery Services Administration
658 E. Brier Dr, Suite 250
San Bernardino, CA 92415

XIV. Contract Performance Notification

- A. In the event of a problem or potential problem that will impact the quality or quantity of work or the level of performance under this Contract, Contractor shall provide notification within one (1) working day, in writing and by telephone, to DBH.
- B. Contractor shall notify DBH SUDRS Administration in writing of any change in mailing address within ten (10) calendar days of the address change.
- C. DBH will notify the Contractor within 30 days in the event of any new and/or changes to laws and/or regulations. The Contract Agreement will remain in effect for the duration of this Agreement unless modified through a written notification from the County.

XV. Probationary Status

- A. In accordance with the Performance Article of this Agreement, the County may place Contractor on probationary status in an effort to allow the Contractor to correct deficiencies, improve practices, and receive technical assistance from the County.
- B. County shall give notice to Contractor of change to probationary status. The effective date of probationary status shall be five (5) business days from date of notice.
- C. The duration of probationary status is determined by the Director or designee(s).
- D. Contractor shall develop and implement a corrective action plan, to be approved by DBH, no later than ten (10) business days from date of notice to become compliant.
- E. Should the Contractor refuse to be placed on probationary status or comply with the corrective action plan within the designated timeframe, the County reserves the right to terminate this Agreement as outlined in the Duration and Termination Article.
- F. Placement on probationary status requires the Contractor disclose probationary status on any Request for Proposal responses to the County.
- G. County reserves the right to place Contractor on probationary status or to terminate this Agreement as outlined in the Duration and Termination Article.

XVI. Duration and Termination

- A. The term of this Agreement shall be from January 1, 2024 through December 31, 2028 inclusive.
- B. This Agreement may be terminated immediately by the Director at any time if:
 - 1. The appropriate office of the State of California indicates that this Agreement is not subject to reimbursement under law; or
 - 2. There are insufficient funds available to the County; or
 - 3. There is evidence of fraud or misuse of funds by Contractor; or
 - 4. There is an immediate threat to the health and safety of Medi-Cal beneficiaries; or
 - 5. Contractor is found not to be in compliance with any or all of the terms of the herein incorporated Articles of this Agreement or any other material terms of the Contract, including the corrective action plan.
 - 6. During the course of the administration of this Agreement, the County determines that the Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the County, this Contract may be immediately terminated. If this Contract is terminated according to this provision, the County is entitled to pursue any available legal remedies.
- C. Either the Contractor or Director may terminate this Agreement at any time for any reason or no reason by serving thirty (30) days written notice upon the other party.
- D. This Agreement may be terminated at any time by the mutual written concurrence of both the Contractor and the Director.
- E. Contractor must immediately notify DBH SUDRS Administration when a facility operated by Contractor as part of this Agreement is sold or leased to another party. In the event a facility operated by Contractor as part of this Agreement is sold or leased to another party, the Director has the option to terminate this Agreement immediately.

XVII. Accountability: Revenue

- A. Total revenue collected pursuant to this Agreement from fees collected for services rendered and/or claims for reimbursement from the County cannot exceed the cost of services delivered by the Contractor. In no event shall the amount reimbursed exceed the cost of delivering services.
- B. Charges for services to either patients or other responsible persons shall be at actual costs.

XVIII. State Monitoring

- A. Contractor agrees and acknowledges that DHCS shall conduct Postservice Postpayment and Postservice Prepayment (PSPP) Utilization Reviews of DMC Contractors to determine whether the DMC services were provided in accordance with this agreement. DHCS shall issue the PSPP report to DBH with a copy to DMC Contractor.
- B. DHCS shall recover payments made if subsequent investigation uncovers evidence that the claim(s) should not have been paid, DMC-ODS services have been improperly utilized, and requirements were not met.

- C. All deficiencies identified by PSPP reports, whether or not a recovery of funds results, shall be corrected and the subcontractor that provided the services shall submit a DBH-approved corrective action plan (CAP) to DBH within 60 days of the date of the PSPP report.

XIX. Patient/Client Billing

Contractor shall exercise diligence in billing and collecting fees, including the billing of other health insurance if applicable, from patients for services under this Agreement prior to utilizing County funding. Contractor agrees to cure transaction errors or deficiencies identified by the State or County.

A. Substance Use Disorder Programs

Client fees shall be charged for treatment services provided under the provisions of this Agreement based upon the client's financial ability to pay for service. Fees charged shall approximate estimated actual cost of providing services, and no person shall be excluded from receiving services based solely on lack of financial ability to make payment toward the cost of providing services.

B. Fees

The Director or designee shall approve the Contractor's fee assessment system, which shall describe how the Contractor charges fees and which must take into consideration the client's income and expenses. The fee system shall be in writing and shall be a matter of public record. In establishing fees to clients, a fee system shall be used which conforms to the following guidelines and criteria as prescribed in Section 11852.5 of the California Health and Safety Code:

1. The fee system shall be equitable.
2. The fee charged shall not exceed the actual cost of providing services.
3. The fee system shall consider the client's income and expenses.
4. The fee system shall be approved by the Director or designee.
5. To ensure an audit trail, Contractor shall maintain the following records:
 - a. Fee assessment schedules and collection records.
 - b. Documents in each client's file showing client's income and expenses, and how each was considered in determining fees.

C. Other Insurance Billing

Contractor must bill other health insurance companies and collect share of cost if client has been identified as having such in accordance with the State DMC billing manual and other applicable regulations, policies and procedures. Failure to follow said policies and procedures for billing may result in non-payment of services.

D. Liability for Payment

Contractor shall not hold beneficiaries liable for any of the following:

1. Contractor's debt, in the event of the entity's insolvency.

2. Covered services provided to the beneficiary, for which:
 - a. The Contractor is not reimbursed for services or
 - b. The Contractor does not pay an individual health care provider or health care agency for services furnished pursuant to a contractual, referral or other arrangement.

E. Cost Sharing

Any cost sharing imposed on the beneficiaries shall be in accordance with Chapter 42 of the Code of Federal Regulations, Sections 447.50 through 447.82.

XX. Personnel

- A. Contractor shall furnish such qualified professional personnel prescribed by Title 9 of the California Code of Regulations as are required for the types of services Contractor shall perform, which services are described in such Addenda as may be attached hereto and/or in all memos, letters, or instruction given by the Director and/or Program Manager II or designee in the provision of any and all Substance Use Disorder programs. This includes any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program. Contractor shall ensure requirements set forth in DHCS' Certification Standards, including Personnel Practices, are followed.
- B. Contractor shall ensure the Staff Master is updated regularly for each service provider with the current employment and license/certification/registration status in order to bill for services and determine provider network capacity. Updates to the Staff Master shall be completed, including, but not limited to, the following events: new registration number obtained, licensure obtained, licensure renewed, and employment terminated. When updating the Staff Master, provider information shall include, but not limited to, the following: employee name; professional discipline; license, registration or certification number; National Provider Identifier (NPI) number and NPI taxonomy code; County's billing and transactional database system number; date of hire; and date of termination (when applicable).
- C. Contractor agrees to provide or has already provided information on former San Bernardino County administrative officials (as defined below) who are employed by or represent Contractor. The information provided includes a list of former County administrative officials who terminated County employment within the last five years and who are now officers, principals, partners, associates or members of the business. The information also includes the employment with or representation of Contractor. For purposes of this provision, "County administrative official" is defined as a member of the Board of Supervisors or such officer's staff, Chief Executive Officer or member of such officer's staff, County department or group head, assistant department or group head, or any employee in the Exempt Group, Management Unit or Safety Management Unit.
- D. Contractor shall comply with DBH's request(s) for provider information that is not readily available on the Staff Master form or the Management Information System as DBH is required by Federal regulation to update its paper and electronic provider directory, which

includes detailed information regarding its contract agencies and behavioral health care providers, at least monthly.

- E. Contractor shall ensure its staff and contracted employees are not located outside of the United States when rendering services (telehealth or telephone) as neither the County nor State will reimburse for services.
- F. Contractor shall work collaboratively with the County to ensure all network providers are enrolled with DHCS as Medi-Cal providers.
- G. Statements of Disclosure
 - 1. Contractor shall submit a statement of disclosure of ownership, control and relationship information regarding its providers, managing employees, including agents and managing agents as required in Title 42 of the CA Code of Federal Regulations, Sections 455.104 and 455.105 for those having five percent (5%) or more ownership or control interest. This statement relates to the provision of information about provider business transactions and provider ownership and control and must be completed prior to entering into a contract, during certification or re-certification of the provider; within thirty-five (35) days after any change in ownership; annually; and/or upon request of the County. The disclosures to provide are as follows:
 - a. Name and address of any person (individual or corporation) with an ownership or control interest in Contractor's agency. The address for corporate entities shall include, as applicable, a primary business address, every business location and a P.O. Box address;
 - b. Date of birth and Social Security Number (if an individual);
 - c. Other tax identification number (if a corporation or other entity);
 - d. Whether the person (individual or corporation) with an ownership or control interest in the Contractor's agency is related to another person with ownership or control in the same or any other network provider of the Contractor as a spouse, parent, child or sibling;
 - e. The name of any other disclosing entity in which the Contractor has an ownership or control interest; and
 - f. The name, address, date of birth and Social Security Number of any managing employee of the Contractor.
 - 2. Contractor shall also submit disclosures related to business transactions as follows:
 - a. Ownership of any subcontractor with whom the Contractor has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
 - b. Any significant business transactions between the Contractor and any wholly owned supplier, or between the Contractor and any subcontractor, during the five (5) year period ending on the date of a request by County.

3. Contractor shall submit disclosures related to persons convicted of crimes regarding the Contractor's management as follows:
 - a. The identity of any person who is a managing employee, owner or person with controlling interest of the Contractor who has been convicted of a crime related to federal health care programs;
 - b. 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. Agent is described in 42 C.F.R. §455.101; and
 - c. The Contractor shall supply the disclosures before entering into a contract and at any time upon the County's request.

- H. Contractor shall confirm the identity of its providers, employees, DBH-funded network providers, contractors and any person with an ownership or controlling interest, or who is an agent or managing employee by developing and implementing a process to conduct a review of applicable federal databases in accordance with Title 42 of the Code of Federal Regulations, Section 455.436. In addition to any background check or Department of Justice clearance, the Contractor shall review and verify the following databases:
 1. Pursuant to Title 42 of the Code of Federal Regulations, Section 455.410, all health care providers including all ordering or referring physicians or other professionals providing services, are required to be screened via the Social Security Administration's Death Master File to ensure new and current providers are not listed. Contractor shall conduct the review prior to hire and upon contract renewal (for contractor employees not hired at the time of contract commencement).
 2. National Plan and Provider Enumeration System (NPPES) to ensure the provider has a NPI number, confirm the NPI number belongs to the provider, verify the accuracy of the providers' information and confirm the taxonomy code selected is correct for the discipline of the provider.
 3. List of Excluded Individuals/Entities and General Services Administration's System for Award Management (SAM) to ensure providers and Contractor administrative staff are not excluded and confirm provider eligibility. See the Licensing and Certification section of this Contract regarding exclusion checks requirements.

- I. Contractor shall obtain records from the Department of Justice of all convictions of persons offered employment or volunteers as specified in Penal Code Section 11105.3.

- J. Contractor shall inform DBH within twenty-four (24) hours or next business day of any allegations of sexual harassment, physical abuse, etc., committed by Contractor's employees against clients served under this Contract. Contractor shall report incident as outlined in Notification of Unusual Occurrences or Incident/Injury Reports paragraph in the Administrative Procedures Article.

- K. Iran Contracting Act
 IRAN CONTRACTING ACT OF 2010, Public Contract Code sections 2200 et seq. (Applicable for all Contracts of one million dollars (\$1,000,000) or more) In accordance with Public Contract Code Section 2204(a), the Contractor certifies that at the time the

Contract is signed, the Contractor signing the Contract is not identified on a list created pursuant to subdivision (b) of Public Contract Code Section 2203.3 as a person [as defined in Public Contract Code Section 2202(e)] engaging in investment activities in Iran described in subdivision (a) of Public Contract Code Section 2202.5, or as a person described in subdivision (b) of Public Contract Code Section 2202.5, as applicable.

Contractors are cautioned that making a false certification may subject the Contractor to civil penalties, termination of existing contract, and ineligibility to bid on a contract for a period of three (3) years in accordance with Public Contract Code Section 2205.

L. Trafficking Victims Protection Act of 2000

In accordance with the Trafficking Victims Protection Act (TVPA) of 2000, the Contractor certifies that at the time the Contract is signed, the Contractor will remain in compliance with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C. 7104). For access to the full text of the award term, go to: <http://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives>.

The TVPA strictly prohibits any Contractor or Contractor employee from:

1. Engaging in severe forms of trafficking in persons during the duration of the Contract;
2. Procuring a commercial sex act during the duration of the Contract; and
3. Using forced labor in the performance of the Contract.

Any violation of the TVPA may result in payment withholding and/or a unilateral termination of this Contract without penalty in accordance with 2 CFR Part 175. The TVPA applies to Contractor and Contractor's employees and/or agents.

M. Executive Order N-6-22 Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions>), as well as any sanctions imposed under state law (<https://www.dgs.ca.gov/OLS/Ukraine-Russia>). The EO directs state agencies and their contractors (including by agreement or receipt of a grant) to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should it be determined that Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. Contractor shall be provided advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the County.

N. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the County using Attachment–IV - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of Contractor's proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer for 12 months after the County's consideration of the Contract.

In the event of a proposed amendment to this Contract, the Contractor will provide the County a written statement disclosing any campaign contribution(s) of more than \$250 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the Contractor or by a parent, subsidiary or otherwise related business entity of Contractor.

XXI. Prohibited Affiliations

- A. Contractor shall not knowingly have any prohibited type of relationship with the following:
 - 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)].
 - 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)].
- B. 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, 1128A, 1156, or 1842(j)(2) of the Social Security Act [42 C.F.R. §§ 438.214(d)(1), 438.610(b); 42 U.S.C. § 1320c-5].
- C. Contractor shall not have any types of relationships prohibited by this section with an excluded, debarred, or suspended individual, provider, or entity as follows:
 - 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)].
 - 2. A subcontractor of the Contractor, as governed by 42 C.F.R. § 438.230. [42 C.F.R. § 438.610(c)(2)].
 - 3. A person with beneficial ownership of 5 percent (5%) or more of the Contractor's equity [(42 C.F.R. § 438.610(c)(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)].
 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)].
 6. 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)].
- D. Non-compliance with this section of the contract by the Contractor requires DBH evaluate the current contract and may affect renewals or extensions.
- E. Contractor shall provide the County with written disclosure of any prohibited affiliation under this section of the contract by the Contractor or any of its subcontractors.
- F. Conflict of Interest
1. Contractor shall implement a conflict of interest disclosure process for all employees that aligns with the applicable requirements in the DBH Conflict of Interest Policy. Conflict of interest disclosures shall be required at hire, annually, and 10 days from the date of a change in status by employee (i.e., external employment, affiliation and/or other personal or financial activity).
 2. 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)].
 3. Contractor shall not utilize in the performance of this Contract any County officer or employee or other appointed County official unless the employment, activity, or enterprise is required as a condition of the officer's or employee's regular County employment [Pub. Con. Code § 10410; 42 C.F.R. § 438.3(f)(2)].
 - a. Contractor shall submit documentation to the County of current and former County employees who may present a conflict of interest.
 4. Contractor shall ensure adherence to Hatch Act provisions (U.S.C. Title 5 Part III, Subpart F, Chapter 73, Subchapter III), which applies to any federally funded contracts and/or positions. These provisions prohibit certain on-duty and off-duty conduct, including political activities and actions (see U.S. Office of Special Counsel website for guidance on allowed and prohibited activities).

XXII. Licensing, Certification and Accreditation

- A. Contractor shall operate continuously throughout the term of this Agreement with all licenses, certifications and/or permits as are necessary to the performance hereunder. Failure to maintain a required license, certification, and/or permit may result in immediate termination of this Contract.

- B. Contractor shall inform DBH whether it has been accredited by a private independent accrediting entity [42 C.F.R. 438.332(a)]. If Contractor has received accreditation by a private independent accrediting entity, Contractor shall authorize the private independent accrediting entity to provide the County a copy of its most recent accreditation review, including:
1. Its accreditation status, survey type, and level (as applicable); and
 2. Accreditation results, including recommended actions or improvements, corrective action plans, and summaries of findings; and
 3. The expiration date of the accreditation [42 C.F.R. § 438.332(b)].
- C. Contractor shall ensure all service providers apply for, obtain and maintain the appropriate certification, licensure, registration or waiver prior to rendering services. Service providers must work within their scope of practice and may not render and/or claim services without a valid certification, licensure, registration or waiver. Contractor shall develop and implement a policy and procedure for all applicable staff to notify Contractor of a change in licensure/certification/waiver status, and Contractor is responsible for notifying DBH SUDRS Administration of such change.
- D. Contractor shall comply with applicable provisions of the:
1. California Code of Regulations, Title 9, Division 4, Chapter 8 and Title 22, Sections 51341.1, 51490.1, 51516.1 and 51000 et. seq.;
 2. California Business and Professions Code, Division 2;
 3. California Health and Safety Code, Division 10.5, Part 2, Chapter 7.5;
 4. Code of Federal Regulations, Title 21, Part 1300, et. seq. and Title 42, Part 8;
 5. Drug Medi-Cal Certification Standards for Substance Abuse Clinics;
 6. Minimum Quality Drug Treatment Standards.
- E. Contractor shall develop and implement a documented process for continued employment of pre-licensed clinical therapist staff, who have not obtained licensure within six (6) years of their original date of registration. This process must be in accordance with DBH Registration and Licensure Requirements for Pre-Licensed Staff Policy (HR4012). Contractor shall be responsible for accepting, reviewing and determining whether to grant a one (1) year extensions [up to a maximum of three (3) one-year extensions], to an employee who has not obtained licensure within six (6) years following the first California Board of Behavioral Health Sciences (BBS) registration receipt date. Prior to granting said extension, Contractor must ensure the pre-licensed staff is actively pursuing licensure, and that licensure can be obtained within the determined extension period. Contractor shall ensure all licensed and pre-licensed staff maintain valid Board registration and adhere to all applicable professional regulations, including – but not limited – to - clearance from ineligible/excluded status as described herein.

Contractor approved extension letters shall be submitted to DBH Office of Compliance via email to Compliance_Questions@dbh.sbcounty.gov

- F. Contractor shall comply with the United States Department of Health and Human Services, Office of Inspector General (OIG) requirements related to eligibility for participation in Federal and State health care programs as set forth in Executive Order 12549; Social Security Act, 42 U.S. Code, Section 1128 and 1320 a-7; Title 42 CFR, Parts 1001 and 1002, et al; and Welfare and Institutions Code, Section 14043.6 and 14123.
1. Ineligible Persons may include both entities and individuals and are defined as any individual or entity who:
 - a. Is currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal and State health care programs; or
 - b. Has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal and State health care programs after a period of exclusion, suspension, debarment, or ineligibility.
 2. Contractor shall review the organization and all its employees, subcontractors, agents, and physicians for eligibility against the United States General Services Administration's System for Award Management (SAM) and the OIG's List of Excluded Individuals/Entities (LEIE) respectively to ensure that Ineligible Persons are not employed or retained to provide services related to this Contract. Contractor shall conduct these reviews before hire of contract start date and then no less than once a month thereafter.
 - a. SAM can be accessed at <https://www.sam.gov/SAM/>
 - b. LEIE can be accessed at <http://oig.hhs.gov/exclusions/index.asp>
 3. If the Contractor receives Drug Medi-Cal reimbursement, Contractor shall review the organization and all its employees, subcontractors, agents and physicians for eligibility against the California Department of Health Care Services Suspended and Ineligible Provider (S&I) List to ensure that Ineligible Persons are not employed or retained to provide services related to this Contract. Contractor shall conduct this review before hire or contract start date and then no less than once a month thereafter.
 - a. S&I List can be accessed at: <https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx>.
 4. Contractor shall certify or attest that no staff member, officer, director, partner or principal, or sub-contractor is "excluded" or "suspended" from any federal health care program, federally funded contract, state health care program or state funded contract. This certification shall be documented by completing the Attestation Regarding Ineligible/Excluded Persons (**ATTACHMENT II**) at time of the initial contract execution and annually thereafter. Contractor shall not certify or attest any excluded person working/contracting for its agency and acknowledges that the County shall not pay the Contractor for any excluded person. The Attestation Regarding Ineligible/Excluded Persons shall be submitted to the following program and address:

DBH Office of Compliance
303 East Vanderbilt Way
San Bernardino, CA 92415-0026

Or send via email to: Compliance_Questions@dbh.sbcounty.gov

5. Contractor acknowledges that Ineligible Persons are precluded from employment and from providing Federal and State funded health care services by contract with the County.
6. Contractor shall have a policy regarding prohibition of employment of sanctioned or excluded employees that includes the requirement for employees to notify the Contractor should the employee become sanctioned or excluded by the OIG, General Services Administration (GSA), and/or the DHCS.
7. Contractor acknowledges any payment received for an excluded person may be subject to recovery and/or considered an overpayment by DBH/DHCS and/or be the basis for other sanctions by DHCS.
8. Contractor shall immediately notify DBH SUDRS Administration should an employee become sanctioned or excluded by the OIG, GSA, and/or the DHCS.
9. If a contractor subcontracts or employs an excluded party, DBH has the right to withhold payments, disallow costs, or issue a CAP, as appropriate pursuant to HSC Code 11817.8(h).
10. Pursuant to HSC Section 11831.6 and 11831.7, licensed and/or certified alcoholism or drug abuse recovery and treatment facilities, owners, partners, directors, employees, and/or shareholders are prohibited from receiving anything of value for the referral of a person to a substance use disorder (SUD) treatment facility.

Any individual who solicits or receives remuneration in return for referring a patient to a recovery home, clinical treatment facility, or laboratory is subject to criminal penalties and imprisonment in accordance to Title 18 US Code Section 220.

XXIII. Health Information System

- A. Should Contractor have a health information system, it shall maintain a system that collects, analyzes, integrates, and reports data (42 C.F.R. § 438.242(a); Cal. Code Regs., tit. 9, § 1810.376.) The system shall provide information on areas including, but not limited to, utilization, claims, grievances, and appeals [42 C.F.R. § 438.242(a)]. Contractor shall comply with Section 6504(a) of the Affordable Care Act [42 C.F.R. § 438.242(b)(1)].
- B. Contractor's health information system shall, at a minimum:
 1. Collect data on beneficiary and Contractor characteristics as specified by the County, and on services furnished to beneficiaries as specified by the County; [42 C.F.R. § 438.242(b)(2)].
 2. Ensure that data received is accurate and complete by:
 - a. Verifying the accuracy and timeliness of reported data.

- b. Screening the data for completeness, logic, and consistency.
 - c. Collecting service information in standardized formats to the extent feasible and appropriate.
- C. Collect and maintain sufficient beneficiary encounter data to identify the rendering provider, the service and beneficiary.
- D. Contractor shall make all collected data, such as beneficiary encounter data available to DBH and, upon request, to DHCS and/or CMS [42 C.F.R. § 438.242(b)(4)] in a HIPAA compliant and standardized format as instructed by DBH.

XXIV. Administrative Procedures

- A. Contractor agrees to adhere to all applicable provisions of:
 - 1. State Notices, and;
 - 2. County DBH Standard Practice Manual (SPM). Both the State Notices and the DBH SPM are included as a part of this Contract by reference.
- B. Contractor shall have a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, any required State or Federal notices (Deficit Reduction Act), and procedures for reporting unusual occurrences relating to health and safety issues.
- C. All written materials for potential beneficiaries and beneficiaries with disabilities must utilize easily understood language and a format which is typically at 5th or 6th grade reading level, in a font size no smaller than 12 point, be available in alternative formats and through the provision of auxiliary aids and services, in an appropriate manner that takes into consideration the special needs of potential beneficiaries or beneficiaries with disabilities or limited English proficiency and include a large print tagline and information on how to request auxiliary aids and services, including the provision of the materials in alternative formats [42 C.F.R. 438.10(d)(6)(ii)]. The aforementioned written materials may only be provided electronically by the Contractor if all of the following conditions are met:
 - 1. The format is readily accessible;
 - 2. The information is placed in a location on the Contractor's website that is prominent and readily accessible;
 - 3. The information is provided in an electronic form which can be electronically retained and printed;
 - 4. The information is consistent with the content and language requirements of this Attachment; and
 - 5. The beneficiary is informed that the information is available in paper form without charge upon request and Contractor provides it upon request within five (5) business days [42 C.F.R. 438.10(c)(6)].
- D. Advertising Requirements

SB 434 adds Section 11831.9 to the Health and Safety Code (HSC), and adds Chapter 4 (commencing with Section 4097) to Part 1 of Division 4 of the Welfare and Institutions Code to address certain fraudulent marketing practices.

SB541 prohibits providers from using false or misleading advertisements for their services and adds HSC, Section 11831.12, to require licensed SUD recovery or treatment facility and certified alcohol or other drug programs to provide authentic advertisements including their license and/or certification number and expiration dates.

DHCS licensed SUD recovery or treatment facility and certified alcohol or other drug programs shall demonstrate compliance with HSC, Section 11831.9 and Section 11831.12.

- E. Contractor shall ensure its written materials are available in alternative formats, including large print, upon request of the potential beneficiary or beneficiary with disabilities at no cost. Large print means printed in a font size no smaller than 18 point [42 C.F.R. § 438.10(d)(3)].

F. Beneficiary Handbook

The Contractor shall utilize the DBH beneficiary handbook, and shall provide each beneficiary the DBH beneficiary handbook, within a reasonable time after receiving notice of the beneficiary's enrollment. The handbook serves as the summary of benefits and coverage described in 45 CFR § 147.200(a). Contractor shall provide the required information in this section to each beneficiary when first required to enroll in the Contractor's SUD program.

G. Consistency

For consistency in the information provided to beneficiaries, the Contractor shall use:

1. State and County developed definitions for managed care terminology, including appeal, emergency medical condition, emergency services, excluded services, grievance, health insurance, hospitalization, medically necessary, network, non-participating provider, physician services, plan, preauthorization, participating provider, prescription drugs, primary care physician, primary care provider, provider, rehabilitation services, and urgent care.
2. State and County developed beneficiary handbooks and beneficiary notices.

H. Credentialing and Re-Credentialing

Contractor shall adhere to DBH's credentialing and re-credentialing policy that addresses behavioral and substance use disorders.

I. Provider Directory

Contractor shall ensure that staff is knowledgeable of and compliant with State and DBH policy/procedure regarding DBH Provider Directories. Contractor agrees to demonstrate staff know how to access the DBH Provider Directory.

J. Beneficiary Rights and Protections

1. Contractor shall ensure staff is knowledgeable of and compliant with applicable federal and state laws and DBH policy/procedure pertaining to beneficiary rights

by ensuring its employees and contracted providers observe and protect those rights, which include the following:

- a. Receive information regarding DBH's PIHP and plan in accordance with 42 CFR §438.10.
 - b. Be treated with respect and with due consideration for his or her dignity and privacy.
 - c. Receive information on available treatment options and alternatives, presented in a manner appropriate to the beneficiary's condition and ability to understand.
 - d. Participate in decisions regarding his or her health care, including the right to refuse treatment.
 - e. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.
 - f. If the privacy rule, as set forth in 45 CFR parts 160 and 164 subparts A and E, applies, request and receive a copy of his or her medical records, and request that they be amended or corrected, as specified in 45 CFR § 164.524 and 164.526.
2. The Contractor shall ensure that its beneficiaries have the right to be furnished health care services in accordance with 42 CFR §§438.206 through 438.210.
 3. The Contractor shall ensure that each beneficiary is free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way DBH and its network providers treat the beneficiary.

K. Provider-Beneficiary Communications

Contractor acting within the lawful scope of practice may advise or advocate on behalf of a beneficiary who is his or her patient, for the following:

1. The beneficiary's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.
2. Any information the beneficiary needs to decide among all relevant treatment options.
3. The risks, benefits, and consequences of treatment or non- treatment.
4. The beneficiary's right to participate in decisions regarding his or her health care, including the right to refuse treatment.
5. To express preferences about future treatment decisions.

L. Grievance and Appeals System

Contractor shall ensure staff is knowledgeable of and compliant with State law and DBH policy/procedure regarding beneficiary problem resolution, the grievance and appeal system, including timing, procedures, handling, resolution and notification, expedited resolution, recordkeeping, reversed appeal resolutions and continued benefits while appeals and state fair hearings are pending, in accordance with 42 CFR §§438.228, 438.402, 438.406, 438.408, 438.410, 438.416, 438.420, and 438.424.

M. Notice of Adverse Benefit Determination Procedures

Contractor shall ensure staff is knowledgeable of and compliant with State law and DBH policy/procedure regarding timely and adequate Notice of Adverse Benefit Determination (NOABD) as outlined in 42 CFR §§438.10, 438.210, 438.402, 438.404, 438.406.

N. If a dispute arises between the parties to this Agreement concerning the interpretation of any State Notice or a policy/procedure within the DBH SPM, the parties agree to meet with the Director to attempt to resolve the dispute.

O. State Notices shall take precedence in the event of conflict with the terms and conditions of this Agreement.

P. In the event the County determines that service is unsatisfactory, or in the event of any other dispute, claim, question or disagreement arising from or relating to this Contract or breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question or disagreement. To this effect, they shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties.

Q. Network Adequacy Standards

Effective July 1, 2018, Contractor shall submit to DBH documentation verifying it has the capacity to serve the expected enrollment in its service area in accordance with the network adequacy standards developed by DHCS. Documentation shall be submitted no less frequently than the following:

1. At the time it enters into this Contract with the County;
2. On an annual basis; and
3. At any time there has been a significant change, as defined by DBH, in the Contractor's operations that would affect the adequacy capacity of services, including the following:
 - a. A decrease of twenty-five percent (25%) or more in services or providers available to beneficiaries;
 - b. Changes in geographic service area; and
 - c. Details regarding the change and Contractor's plans to ensure beneficiaries continue to have access to adequate services and providers.

R. Notification of Unusual Occurrences or Incident/Injury Reports

1. Contractor shall notify DBH SUDRS Administration, within twenty-four (24) hours or next business day, of any unusual incident(s) or event(s) that occur while providing services under this Contract, which may result in reputational harm to either the Contractor or the County. Notice shall be made to the assigned contract oversight DBH Program Manager with a follow-up call to the applicable Deputy Director.

- a. Immediate notification shall be provided to DBH in the event of serious injury or death to a client [How to Report an Incident (SFT06-7017)]. Information is accessible at:

<https://wp.sbcounty.gov/dbh/wp-content/uploads/2016/08/SFT7017.pdf>

2. Contractor shall submit a written report to DBH within three (3) business days of occurrence on DBH Unusual Occurrence/Incident Report form or on Contractor's own form preapproved by DBH Program Manager or designee.
3. If Contractor is required to report occurrences, incidents or injuries as part of licensing requirements, Contractor shall provide DBH Program Manager or designee with a copy of report submitted to applicable State agency.
4. Written reports shall not be made via email unless encryption is used.

S. Copyright

County shall have a royalty-free, non-exclusive and irrevocable license to publish, disclose, copy, translate, and otherwise use, copyright or patent, now and hereafter, all reports, studies, information, data, statistics, forms, designs, plans, procedures, systems, and any other materials or properties developed under this Contract including those covered by copyright, and reserves the right to authorize others to use or reproduce such material. All such materials developed under the terms of this Contract shall acknowledge San Bernardino County Department of Behavioral Health as the funding agency and Contractor as the creator of the publication. No such materials or properties produced in whole or in part under this Contract shall be subject to private use, copyright or patent right by Contractor in the United States or in any other country without the express written consent of the County. Copies of all educational and training materials, curricula, audio/visual aids, printed material, and periodicals, assembled pursuant to this Contract must be filed with and approved by the County prior to publication. Contractor shall receive written permission from DBH prior to publication of said training materials.

T. Release of Information

No news releases, advertisements, public announcements or photographs arising out of this Contract or Contractor's relationship with the County may be made or used without prior written approval of DBH.

U. Ownership of Documents

All documents, data, products, graphics, computer programs and reports prepared by Contractor or subcontractors pursuant to the Agreement shall be considered property of the County upon payment for services. All such items shall be delivered to DBH at the completion of work under the Agreement, subject to the requirements of the Duration and Termination Article. Unless otherwise directed by DBH, Contractor may retain copies of such items.

V. Equipment and Other Property

All equipment, materials, supplies or property of any kind (including vehicles, publications, copyrights, etc.) purchased with funds received under the terms of this Agreement which

has a life expectancy of one (1) year or more shall be the property of DBH, unless mandated otherwise by Funding Source, and shall be subject to the provisions of this paragraph. The disposition of equipment or property of any kind shall be determined by DBH when the Agreement is terminated. Additional terms are as follows:

1. The purchase of any furniture or equipment which was not included in Contractor's approved budget, shall require the prior written approval of DBH, and shall fulfill the provisions of this Agreement which are appropriate and directly related to Contractor's services or activities under the terms of the Agreement. DBH may refuse reimbursement for any cost resulting from such items purchased, which are incurred by Contractor, if prior written approval has not been obtained from DBH.
2. Before equipment purchases made by Contractor are reimbursed by DBH, Contractor must submit paid vendor receipts identifying the purchase price, description of the item, serial numbers, model number and location where equipment will be used during the term of this Agreement.
3. All equipment purchased/reimbursed with funds from this Agreement shall only be used for performance of this Agreement.
4. Assets purchased with Medi-Cal Federal Financial Participation (FFP) funds shall be capitalized and expensed according to Medi-Cal (Centers for Medicare and Medicaid Services) regulation.
5. Contractor shall submit an inventory of equipment purchased under the terms of this Agreement as part of the monthly activity report for the month in which the equipment is purchased. Contractor must also maintain an inventory of equipment purchased that, at a minimum, includes the description of the property, serial number or other identification number, source of funding, title holder, acquisition date, cost of the equipment, location, use and condition of the property, and ultimate disposition data. A physical inventory of the property must be reconciled annually. Equipment should be adequately maintained and a control system in place to prevent loss, damage, or theft. Equipment with cost exceeding County's capitalization threshold of \$5,000 must be depreciated.
6. Upon termination of this Agreement, Contractor will provide a final inventory to DBH and shall at that time query DBH as to requirements, including the manner and method in returning equipment to DBH. Final disposition of such equipment shall be in accordance with instructions from DBH.

W. SUDRS Information and Guidelines

1. Contractor agrees to adhere to all memos, letters, or instruction given by the Director, Deputy Director, Program Manager II or designee(s) in the provision of any and all Substance Use Disorder and Recovery Services programs. Contractor acknowledges full understanding of the provisions referenced in any memos, letters, or instruction given and agrees to operate the respective substance use disorder and recovery services programs in accordance with the provisions of such information and the provisions of this Contract. At the option of the County, changes may be

made during the Contract period. Such changes, when made, will be binding on the Contractor.

- X. Contractor agrees to and shall comply with all requirements and procedures established by the State, County, and Federal Governments, including those pertaining to Quality Management Program and Quality Assessment and Performance Improvement Program regarding ongoing quality assessment and performance improvement, standard performance measures, performance improvement projects, monitoring activities, continuity and coordination of care, under/overutilization of services, beneficiary satisfaction and Quality Management Work Plan, which may require submission of periodic reports to DBH for coordination, contract compliance, and quality assurance as well as participation in reviews conducted by DHCS of DBH and its SUDRS contract agencies.

Y. Travel

Contractor shall adhere to the County's Travel Management Policy (8-02) when travel is pursuant to this Agreement and for which reimbursement is sought from the County. In addition, Contractor shall, to the fullest extent practicable, utilize local transportation services, including but not limited to Ontario Airport, for all such travel.

XXV. Laws and Regulations

- A. Contractor agrees to comply with all relevant Federal and State laws and regulations, including, but not limited to those listed below, inclusive of future revisions, and comply with all applicable provisions of:
1. Code of Federal Regulations, Title 21, Sections 1301.01-1301.93
 2. Code of Federal Regulations, Title 42, Part 2
 3. Code of Federal Regulations, Title 42, Part 8
 4. Code of Federal Regulations, Title 45, Sections 96.30-96.33 and 96.120-96.137
 5. California Code of Regulations, Title 9
 6. California Code of Regulations, Title 22
 7. California Health and Safety Code, Division 10.5
 8. Government Code, Section 16367.8
 9. Government Code, Article 7, Chapter 1, Division 2, Title 5
 10. Government Code, Title 2, Division 4, Part 2, Chapter 2, Article 1.7
 11. State Administrative Manual, Chapter 7200 and
 12. DHCS or applicable State agency(ies) Negotiated Net Amount and Drug Medi-Cal Contract.
 13. United States Code, Title 5, Sections 1501-1508, also known as the Hatch Act
 14. United States Code, Title 42, Chapter 6A, Subchapter XVII, Part B, Subpart ii, commencing with section 300x-21
 15. Section 1557 of the Patient Protection and Affordable Care Act

B. Health and Safety

1. Contractor shall comply with all applicable State and local health and safety requirements and clearances, for each site where program services are provided under the terms of the Contract.
 - a. Any space owned, leased or operated by the Contractor and used for services or staff must meet local fire codes.
 - b. The physical plant of any site owned, leased or operated by the Contractor and used for services or staff is clean, sanitary and in good repair.
 - c. Contractor shall establish and implement maintenance policies for any site owned, leased or operated that is used for services or staff to ensure the safety and well-being of beneficiaries and staff.
2. Contractor shall ensure adherence to all applicable California Department of Public Health (CDPH) Orders and guidance concerning COVID-19, including but not limited to: quarantine/isolation, vaccination/booster and masking requirements for workforce and facility safety measures.

C. Pro-Children Act of 1994

Contractor will comply with Public Law 103-227, Part–C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994.

D. Drug and Alcohol-Free Workplace

In recognition of individual rights to work in a safe, healthful and productive work place, as a material condition of this Contract, Contractor agrees that Contractor and Contractor's employees, while performing service for the County, on County property, or while using County equipment:

1. Shall not be in any way impaired because of being under the influence of alcohol or a drug.
2. Shall not possess an open container of alcohol or consume alcohol or possess or be under the influence of any substance.
3. Shall not sell, offer, or provide alcohol or a drug to another person. This shall not be applicable to Contractor or Contractor's employees who, as part of the performance of normal job duties and responsibilities, prescribes or administers medically prescribed drugs.
4. Contractor shall inform all employees that are performing service for the County on County property, or using County equipment, of the County's objective of a safe, healthful and productive work place and the prohibition of drug or alcohol use or impairment from same while performing such service for the County.
5. The County may terminate for default or breach of this Contract and any other contract Contractor has with County, if Contractor or Contractor's employees are determined by the County not to be in compliance with above.

E. Privacy and Security

1. Contractor shall comply with all applicable State and Federal regulations pertaining to privacy and security of client information including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), as incorporated in the American Recovery and Reinvestment Act of 2009 (ARRA), and Code of Federal Regulations, Title 42, Part 2. Regulations have been promulgated governing the privacy and security of Individually Identifiable Health Information (IIHI) and/or Protected Health Information (PHI) or electronic Protected Health Information (ePHI).
2. In addition to the aforementioned protection of IIHI, PHI and e-PHI, the County requires Contractor to adhere to the Protection Of Personally Identifiable Information (PII) and Medi-Cal PII, and in accordance with 42 C.F.R. §2.13 Confidentiality Restrictions and Safeguards and HIPAA Privacy and Security rules. PII includes any information that can be used to search for or identify individuals such as but not limited to name, social security number or date of birth. Whereas Medi-Cal PII is the information that is directly obtained in the course of performing an administrative function on behalf of Medi-Cal, such as determining or verifying eligibility that can be used alone or in conjunction with any other information to identify an individual.
3. Disclosure of PHI, including acknowledgement of participation or referral to/from Part 2 services is prohibited unless a valid client authorization (also referred to as “consent” of disclosure) per 42 CFR §2.31. Contractor shall ensure disclosure without client authorization/consent occurs only for medical emergencies, research, and/or audit and evaluation, as specified under 42 CFR §2.51, §2.52. §2.53, respectively.
4. Contractor shall comply with 42 C.F.R. §2.13 Confidentiality Restrictions and Safeguards and §2.16 Security for Records and the HIPAA Privacy and Security Rules, which includes but is not limited to implementing administrative, physical and technical safeguards that reasonably protect the confidentiality, integrity and availability of PHI, PII, IIHI, and e-PHI; implementing and providing a copy to DBH of reasonable and appropriate written policies and procedures to comply with the standards; conducting a risk analysis regarding the potential risks and vulnerabilities of the confidentiality, integrity and availability of PHI, PII, IIHI, and e-PHI, conducting privacy and security awareness and training at least annually and retain training records for six (6) years, and limiting access to those persons, who have a business need. Any disclosure made under 42 C.F.R. Part 2 must be limited to that information which is necessary to carry out the purpose of the disclosure.
5. Violations of privacy and security requirements as specified under 42 CFR Part 2 may be subject to criminal penalty under 42 U.S.C. 290 dd-2(f) and may be subject to fines in accordance with Title 18 of the U.S.C.
6. Contractor shall comply with the data security requirements set forth by the County as referenced in **Attachment III**.

7. Reporting of Improper Access, Use or Disclosure or Breach

Contractor shall report to DBH Office of Compliance any unauthorized use, access or disclosure of unsecured Protected Health Information or any other security incident with respect to Protected Health Information no later than one (1) business day upon the discovery of a potential breach consistent with the regulations promulgated under HITECH by the United States Department of Health and Human Services, 45 CFR Part 164, Subpart D. Upon discovery of the potential breach, the Contractor shall complete the following actions:

- a. Notify DBH Office of Compliance in writing, by mail, fax, or electronically, of such incident no later than one (1) business day and provide DBH Office of Compliance with the following information to include but not limited to:
 - i. Date the potential breach occurred;
 - ii. Date the potential breach was discovered;
 - iii. Number of staff, employees, subcontractors, agents or other third parties and the titles of each person allegedly involved;
 - iv. Number of potentially affected patients/clients; and
 - v. Description of how the potential breach allegedly occurred.
- b. Provide an update of applicable information to the extent known at that time without reasonable delay and in no case later than three (3) calendar days of discovery of the potential breach.
- c. Provide completed risk assessment and investigation documentation to the DBH Office of Compliance within ten (10) calendar days of discovery of the potential breach with decision whether a breach has occurred, including the following information:
 - i. The nature and extent of the PHI involved, including the types of identifiers and likelihood of re-identification;
 - ii. The unauthorized person who used PHI or to whom it was made;
 - iii. Whether the PHI was actually acquired or viewed; and
 - iv. The extent to which the risk to PHI has been mitigated.
- d. Contractor is responsible for notifying the client and for any associated costs that are not reimbursable under this Contract, if a breach has occurred. Contractor must provide the client notification letter to DBH for review and approval prior to sending to the affected client(s).
- e. Make available to the County and governing State and Federal agencies in a time and manner designated by the County or governing State and Federal agencies, any policies, procedures, internal practices and records relating to a potential breach for the purposes of audit or should the County reserve the right to conduct its own investigation and analysis.

F. Program Integrity Requirements

1. General Requirement

Pursuant to Title 42 C.F.R. Section 438.608, Contractor must have administrative and management arrangements or procedures, including a mandatory compliance plan, that are designed to guard against fraud and abuse.

- a. If Contractor identifies an issue or receives notification of a complaint concerning an incident of possible fraud or abuse, the Contractor shall conduct an internal investigation to determine the validity of the issue/complaint and develop and implement corrective action if needed.
- b. If Contractor's internal investigation concludes that fraud or abuse has occurred or is suspected, the issue, if egregious, or beyond the scope of the Contractor's ability to pursue, the Contractor shall immediately report to the DBH Office of Compliance for investigation, review and/or disposition.
- c. Contractor shall develop a method to verify whether services were actually furnished to beneficiaries and demonstrate the results to DBH.
- d. Contractor acknowledges the County may suspend payments, at the direction of DHCS, if DHCS determines there is a credible allegation of fraud in accordance with 42 CFR 455.23.

2. Compliance Program

DBH has established an Office of Compliance for purposes of ensuring adherence to all standards, rules and regulations related to the provision of services and expenditure of funds in Federal and State health care programs. Contractor shall either adopt DBH's Compliance Plan/Program or establish its own Compliance/Program and provide documentation to DBH to evaluate whether the Program is consistent with the elements of a Compliance Program as recommended by the United States Department of Health and Human Services, Office of Inspector General.

Contractor's Compliance Program must include the following elements:

- a. Designation of a compliance officer who reports directly to the Chief Executive Officer and the Contractor's Board of Directors and compliance committee comprised of senior management who are charged with overseeing the Contractor's compliance program and compliance with the requirements of this account. The committee shall be accountable to the Contractor's Board of Directors.
- b. Policies and Procedures

Written policies and procedures that articulate the Contractor's commitment to comply with all applicable Federal and State standards. Contractor shall adhere to applicable DBH Policies and Procedures relating to the Compliance Program or develop its own compliance related policies and procedures.

 - i. Contractor shall maintain documentation, verification or acknowledgement that the Contractor's employees,

subcontractors, interns, volunteers, and members of Board of Directors are aware of these Policies and Procedures and the Compliance Program.

- ii. Contractor shall have a Compliance Plan demonstrating the seven (7) elements of a Compliance Plan. Contractor has the option to develop its own or adopt DBH's Compliance Plan. Should Contractor develop its own Plan, Contractor shall submit the Plan prior to implementation for review and approval to:

DBH Office of Compliance
303 East Vanderbilt Way
San Bernardino, CA 92415-0026

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

c. Code of Conduct

Contractor shall either adopt the DBH Code of Conduct or develop its own Code of Conduct.

- i. Should the Contractor develop its own Code of Conduct, Contractor shall submit the Code prior to implementation to the following DBH Program for review and approval:

DBH Office of Compliance
303 East Vanderbilt Way
San Bernardino, CA 92415-0026

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

- ii. Contractor shall distribute to all Contractor's employees, subcontractors, interns, volunteers, and members of Board of Directors a copy of the Code of Conduct. Contractor shall document annually that such persons have received, read, understand and will abide by said Code and provide DBH an acknowledgement form signed and dated by a Contractor representative or designee.
- iii. Pursuant to HSC Section 11831.6 and 11831.7, licensed and/or certified alcoholism or drug abuse recovery and treatment facilities, owners, partners, directors, employees, and/or shareholders are prohibited from receiving anything of value for the referral of a person to a substance use disorder (SUD) treatment facility.

Any individual who solicits or receives remuneration in return for referring a patient to a recovery home, clinical treatment facility, or laboratory is subject to criminal penalties and imprisonment in accordance to Title 18 US Code Section 220.

d. Excluded/Ineligible Persons

Contractor shall comply with Licensing, Certification and Accreditation Article in this Contract related to excluded and ineligible status in Federal and State health care programs.

- e. Contractor shall ensure all workforce members adhere to code of conduct requirements as specified under CCR Title 9 Section 9846 and 13060; DHCS Certification Standards 1320 – Program Code of Conduct; and DBH Code of Professional Conduct Policy (ADS060202).

- f. Internal Monitoring and Auditing

Contractor shall be responsible for conducting internal monitoring and auditing of its agency. Internal monitoring and auditing include, but are not limited to billing and coding practices, licensure/credential/registration/waiver verification and adherence to County, State and Federal regulations.

- i. Contractor shall take reasonable precaution to ensure that the coding of health care claims and billing for same are prepared and submitted in an accurate and timely manner and are consistent with Federal, State and County laws and regulations as well as DBH's policies and/or agreements with third-party payers. This includes compliance with Federal and State health care program regulations and procedures or instructions otherwise communicated by regulatory agencies including the Centers for Medicare and Medicaid Services or its agents.
- ii. Contractor shall not submit false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind.
- iii. Contractor shall bill only for those eligible services actually rendered which are also fully documented. When such services are coded, Contractor shall use only correct billing codes that accurately describe the services provided.
- iv. Contractor shall act promptly to investigate and correct any problems or errors in coding of claims and billing, if and when, any such problems or errors are identified by the County, Contractor, outside auditors, etc.
- v. Contractor shall ensure all employees/service providers maintain current licensure/credential/registration status as required by the respective licensing Board or certifying organization and Title 9 of the California Code of Regulations.
- vi. Should Contractor identify improper procedures, actions or circumstances, including fraud/waste/abuse and/or systemic issue(s), Contractor shall take prompt steps to correct said problem(s). Contractor shall report to DBH Office of Compliance and Fiscal Administration any overpayments discovered as a result of such problems no later than five (5) business days from the date

of discovery, with the appropriate documentation, and a thorough explanation of the reason for the overpayment. Prompt mitigation, corrective action and reporting shall be in accordance with the DBH Overpayment Policy (COM0954).

g. Response to Detected Offenses

Contractor shall respond to and correct detected healthcare program offenses relating to this Contract promptly. Contractor shall be responsible for developing corrective action initiatives for offenses to mitigate the potential for recurrence.

h. Training

i. Compliance

Contractor is responsible for ensuring its Compliance Officer attends effective training and education related to compliance, including but not limited to, seven elements of a compliance program and fraud, waste and abuse. Contractor is responsible for conducting and tracking Compliance Training for its agency staff. Contractor is encouraged to attend DBH Compliance trainings, as offered and available.

ii. Drug Medi-Cal (DMC)

Contractor shall attend training DBH provides regarding Title 22 regulations and DMC requirements at least once annually. Attendance at any of the annual trainings offered by DHCS satisfies the DMC requirement.

i. Enforcement of Standards

Contractor shall enforce compliance standards uniformly and through well-publicized disciplinary guidelines. If Contractor does not have its own standards, the County requires the Contractor utilize DBH policies and procedures as guidelines when enforcing compliance standards.

j. Communication

Contractor shall establish and maintain effective lines of communication between its Compliance Program and DBH's Compliance Officer. Contractor's employees may use Contractor's approved Compliance Hotline or DBH's Compliance Hotline (800) 398-9736 to report fraud, waste, abuse or unethical practices.

k. Subpoena

In the event that a subpoena or other legal process commenced by a third-party in any way concerning the Services provided under this Contract is served upon Contractor or County, such party agrees to notify the other party in the most expeditious fashion possible following receipt of such subpoena or other legal process. Contractor and County further agree to cooperate with

the other party in any lawful effort by such other party to contest the legal validity of such subpoena or other legal process commenced by a third-party as may be reasonably required and at the expense of the party to whom the legal process is directed, except as otherwise provided herein in connection with defense obligations by Contractor for County.

I. Overpayment

Contractor shall adhere to DBH's policy/procedure regarding the immediate reporting, return within 60 calendar days and timely notification of the reason for an overpayment.

- m. In accordance with the Termination paragraph of this Agreement, the County may terminate this Agreement upon thirty (30) days written notice if Contractor fails to perform any of the terms of this Compliance paragraph. At the County's sole discretion, Contractor may be allowed up to thirty (30) days for corrective action.

G. Sex Offender Requirements

Contractor shall ensure client registration protocols for non-DBH referrals include, a screening process to ensure clients ever convicted of a sex offense against a minor or currently registered as a sex offender with violations of CA Penal Code (PC) § 208 or 208.5, are not accepting into housing or treatment in facilities within one-half (1/2) mile (2640 feet) of any school, including any or all of kindergarten and grades 1 to 12, as required by PC § 3003, subdivision (g). Contractor shall obtain criminal history information for any client residing longer than twenty-four (24) hours, prior to rendering services.

XXVI. Patients' Rights

Contractor shall take all appropriate steps to fully protect patients' rights, as specified in Welfare and Institutions Code Sections 5325 et. seq.; Title 9 California Code of Regulations (CCR), Sections 861, 862, 883, 884; and Title 22 CCR, Sections 72453 and 72527.

XXVII. Confidentiality

Contractor agrees to comply with confidentiality requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), commencing with Subchapter C; 42 Code of Federal Regulations Part 2; and all State and Federal statutes and regulations regarding confidentiality, including but not limited to applicable provisions of Welfare and Institutions Code Sections 5328 et. seq. and 14100.2; Section 11812 of the Health and Safety Code; and Title 22, California Code of Regulations Section 51009. Contractor is aware that criminal penalties may be imposed for a violation of these confidentiality requirements.

- A. Contractor and its employees, agents or subcontractors shall protect from unauthorized disclosure of PII or PHI concerning persons receiving services or being referred for services related to this agreement.
- B. Contractor shall have all employees acknowledge an Oath of Confidentiality mirroring that of DBH's, including confidentiality and disclosure requirements, as well as sanctions related to

non-compliance. Contractor shall have all employees sign acknowledgement of the Oath on an annual basis. Said confidentiality statements must be kept for inspection for a period of six (6) years following contract termination.

- C. Contractor shall not use or disclose PHI other than as permitted or required by law.
- D. Contractor shall provide patients with a notice of Federal confidentiality requirements, as specified under Admission Policies, Paragraph C.

XXVIII. Admission Policies

- A. Contractor shall develop patient/client admission policies, which are in writing and available to the public.
- B. Contractor's admission policies shall adhere to policies that are compatible with Department of Behavioral Health service priorities, and Contractor shall admit clients according to procedures and time frames established by DBH.
- C. Contractor is prohibited from enrollment discrimination and shall adhere to the following:
 - 1. accept individuals eligible for enrollment,
 - 2. enrollment is mandatory,
 - 3. shall not, based on health status or need for health care services, discriminate against individuals eligible to enroll,
 - 4. shall not discriminate against individuals eligible to enroll based on race, color, national origin, sex, sexual orientation, gender identity, or disability.
- D. If Contractor is found not to be in compliance with the terms of Admission Policies Article, this Agreement may be subject to termination.

XXIX. Choice of Network Provider

DBH and Contractor shall allow each beneficiary to choose his or her network provider to the extent possible and appropriate.

XXX. Medical Records/Protected Health Information

- A. Contractor agrees to maintain and retain medical records according to the following:
 - 1. The minimum maintenance requirement of medical records is:
 - a. The information contained in the medical record shall be confidential and shall be disclosed only to authorized persons in accordance to local, State and Federal laws.
 - b. Documents contained in the medical record shall be written legibly in ink or typewritten, be capable of being photocopied and shall be kept for all clients accepted for care or admitted, if applicable.
 - c. If the medical record is electronic, the Contractor shall make the computerized records accessible for the County's review.
 - 2. The minimum legal requirement for the retention of medical records is:

- a. For adults and emancipated minors, ten (10) years following discharge (last date of service), contract end date or completion date of any audit, whichever is later);
 - b. For unemancipated minors, a minimum of seven (7) years after they have attained the age of 18, but in no event less than ten (10) years following discharge (last date of service), contract end date or completion date of any audit, whichever is later).
 - c. County shall be informed within three (3) business days, in writing, if client medical records are defaced or destroyed prior to the expiration of the required retention period.
- B. Should patient/client records be misplaced and cannot be located after the Contractor has performed due diligence, the Contractor shall report to DBH as a possible breach of PHI in violation of HIPAA and 42 CFR Part 2. Should the County and Contractor determine the chart cannot be located, all billable services shall be disallowed/rejected.
- C. Contractor shall ensure that all patient/client records are stored in a secure manner and access to records is limited to those employees of Contractor who have a business need. Security and access of records shall occur at all times, during and after business hours.
- D. Contractor agrees to furnish duly authorized representatives from the County and the State access to patient/client records.
- E. The IIHI or PHI under this Contract shall be and remain the property of the County. The Contractor agrees that it acquires no title or rights to any of the types of client information.
- F. The County shall store the medical records for all the Contractor's County funded clients when a Contract ends its designated term, a Contract is terminated, a Contractor relinquishes its contracts or if the Contractor ceases operations.
 - 1. Contractor shall deliver to DBH all data, reports, records and other such information and materials (in electronic or hard copy format) pertaining to the medical records that may have been accumulated by Contractor or Subcontractor under this Contract, whether completed, partially completed or in progress within seven (7) calendar days of said termination/end date.
 - 2. Contractor shall be responsible for the boxing, indexing and delivery of any and all records that will be stored by DBH Medical Records Unit. Contractor shall arrange for delivery of any and all records to DBH Medical Records Unit within seven (7) calendar days (this may be extended to thirty (30) calendar days with approval of DBH) of cessation of business operations.
 - 3. Should the Contractor fail to relinquish the medical records to the County, the County shall report the Contractor and its qualified professional personnel to the applicable licensing or certifying board(s).
 - 4. Contractor shall maintain responsibility for the medical records of non-county funded clients.

XXXI. Transfer of Care

- A. Prior to the termination or expiration of this Contract, and upon request by the County, the Contractor shall assist the County in the orderly transfer of behavioral health care for beneficiaries in San Bernardino County. In doing this, the Contractor shall make available to DBH copies of medical records and any other pertinent information, including information maintained by any subcontractor that is necessary for efficient case management of beneficiaries. Under no circumstances will the costs for reproduction of records to the County from the Contractor be the responsibility of the client.
- B. Transfer of care includes continued services to beneficiaries (42 CFR §438.62).
- C. The State shall arrange for Medicaid services to be provided without delay to any Medicaid beneficiary of DBH, if the Agreement between State and DBH is terminated.
- D. Contractor shall adhere to the County's transition of care policy to ensure continued access to services during a transition from fee-for-service (FFS) to Contractor or transition from one Contractor to another when a beneficiary, in the absence of continued services, would suffer serious detriment to their health or be at risk of hospitalization or institutionalization.
- E. The State shall make its transition of care policy publicly available and provide instructions on how beneficiaries and potential beneficiaries access continued services upon transition. At a minimum, DBH and Contractor shall provide the transition of care policy to beneficiaries and potential beneficiaries in the beneficiary handbook and notices.

XXXII. Quality Assurance/Utilization Review

- A. Contractor agrees for the County to have a monitoring system in effect to evaluate the performance of the Contractor.
- B. Contractor agrees to be in compliance with the Laws and Regulations Article of this Contract.
- C. Contractor agrees to implement a Quality Improvement Program as part of program operations. This program will be responsible for monitoring documentation, quality improvement and quality care issues. Contractor will submit its quality improvement plan to DBH SUDRS Administration on an annual basis, and any tools/documents used to evaluate Contractor's documentation, quality of care and the quality improvement process.
- D. When quality of care documentation or issues are found to exist by DBH, Contractor shall submit a plan of correction to be approved by DBH SUDRS Administration.
- E. Contractor agrees to be part of the County Quality Improvement planning process through the annual submission of Quality Improvement Outcomes in County identified areas.
- F. County shall establish standards and implement processes for Contractor that will support understanding of, compliance with, documentation standards set forth by the State. The County has the right to monitor performance so that the documentation of care provided will satisfy the requirements set forth. The documentation standards for beneficiary care are minimum standards to support claims for the delivery of behavioral health services. All documentation shall be addressed in the beneficiary record.

XXXIII. Independent Contractor Status

Contractor understands and agrees that the services performed hereunder by its officers, agents, employees, or contracting persons or entities are performed in an independent capacity and not in the capacity of officers, agents or employees of the County.

All personnel, supplies, equipment, furniture, quarters, and operating expenses of any kind required for the performance of this Contract shall be provided by Contractor.

XXXIV. Subcontractor Status

- A. If Contractor intends to subcontract any part of the services provided under this Contract to an individual, company, firm, corporation, partnership or other organization, not in the employment of or owned by Contractor who is performing services on behalf of Contractor under the Contract or under a separate contract with or on behalf of Contractor, Contractor must submit a written Memorandum of Understanding (MOU) with that agency or agencies with original signatures to DBH. The MOU must clearly define the following:
1. The name of the subcontracting agency.
 2. The amount (units, minutes, etc.) and types of services to be rendered under the MOU.
 3. The amount of funding to be paid to the subcontracting agency.
 4. The subcontracting agency's role and responsibilities as it relates to this Contract.
 5. A detailed description of the methods by which the Contractor will insure that all subcontracting agencies meet the monitoring requirements associated with funding regulations.
 6. A budget sheet outlining how the subcontracting agency will spend the allocation.
 7. Additionally, each MOU shall contain the following requirements:
 - a. Subcontractor shall comply with the Right to Monitor and Audit Performance and Records requirements, as referenced in the Performance Article.
 - b. Subcontractor agrees to comply with Personnel Article related to the review of applicable Federal databases in accordance with Title 42 of the Code of Federal Regulations, Section 455.436, and applicable professional disciplines' and licensing and/or certifying boards' code of ethics and conduct.
 - c. Subcontractor shall operate continuously throughout the term of the MOU with all licenses, certifications, and/or permits as are necessary to perform services and comply with Licensing, Certification, and Accreditation Article related to excluded and ineligible status.
 - d. Subcontractor agrees to perform work under this MOU in compliance with confidentiality requirements, as referenced in the Confidentiality and Laws and Regulations Articles.

- e. MOU is governed by, and construed in accordance with, all laws and regulations, and all contractual obligations of the Contractor under the primary contract.
 - f. Subcontractor's delegated activities and reporting responsibilities follow the Contractor's obligations in the primary contract.
 - g. Subcontractor shall be knowledgeable in and adhere to primary contractor's program integrity requirements and compliance program, as referenced in the Laws and Regulations Article.
 - h. Subcontractor agrees to not engage in unlawful discriminatory practices, as referenced in the Nondiscrimination Article.
- B. Any subcontracting agency must be approved in writing by DBH and shall be subject to all applicable provisions of this Contract. The Contractor will be fully responsible for the performance, duties and obligations of a subcontracting agency, including the determination of the subcontractor selected and the ability to comply with the requirements of this Contract. DBH will not reimburse contractor or subcontractor for any expenses rendered without DBH approval of MOU in writing in the fiscal year the subcontracting services started.
- C. At DBH's request, Contractor shall provide information regarding the subcontractor's qualifications and a listing of a subcontractor's key personnel including, if requested by DBH, resumes of proposed subcontractor personnel.
- D. Contractor shall remain directly responsible to DBH for its subcontractors and shall indemnify the County for the actions or omissions of its subcontractors under the terms and conditions specified in Indemnification and Insurance Article.
- E. Ineligible Persons
- Contractor shall adhere to Prohibited Affiliations and Licensing, Certification and Accreditation Articles regarding Ineligible Persons or Excluded Parties for its subcontractors.
- F. Upon expiration or termination of this Contract for any reason, DBH will have the right to enter into direct Contracts with any of the Subcontractors. Contractor agrees that its arrangements with Subcontractors will not prohibit or restrict such Subcontractors from entering into direct Contracts with DBH.

XXXV. Attorney Costs and Fees

If any legal action is instituted to enforce any party's rights hereunder, each party shall bear its own costs and attorneys' fees, regardless of who is the prevailing party. This paragraph shall not apply to those costs and attorney fees directly arising from a third-party legal action against a party hereto and payable under Indemnification and Insurance Requirements.

XXXVI. Indemnification and Insurance

A. Indemnification

Contractor agrees to indemnify, defend (with counsel reasonably approved by the County) and hold harmless the County and its authorized officers, employees, agents and

volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this Contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

B. Additional Insured

All policies, except for the Workers' Compensation, Errors and Omissions and Professional Liability policies shall contain endorsements naming the County and its officers, employees, agents and volunteers as additional insured with respect to liabilities arising out of the performance of services hereunder. The additional insured endorsements shall not limit the scope of coverage for the County to vicarious liability but shall allow coverage for the County to the full extent provided by the policy. Such additional insured coverage shall be at least as broad as Additional Insured (Form B) endorsement form ISO, CG 2010.11 85.

C. Waiver of Subrogation Rights

Contractor shall require the carriers of required coverages to waive all rights of subrogation against the County, its officers, employees, agents, volunteers, contractors, and subcontractors. All general or auto liability insurance coverage provided shall not prohibit the Contractor and Contractor's employees or agents from waiving the right of subrogation prior to a loss or claim. The Contractor hereby waives all rights of subrogation against the County.

D. Policies Primary and Non-Contributory

All policies required herein are to be primary and non-contributory with any insurance or self-insurance programs carried or administered by the County.

E. Severability of Interests

Contractor agrees to ensure that coverage provided to meet these requirements is applicable separately to each insured and there will be no cross liability exclusions that preclude coverage for suits between the Contractor and the County or between the County and any other insured or additional insured under the policy.

F. Proof of Coverage

Contractor shall furnish Certificates of Insurance to the County Department administering the Contract evidencing the insurance coverage at the time the contract is executed. Additional endorsements, as required, shall be provided prior to the commencement of performance of services hereunder, which certificates shall provide that such insurance shall not be terminated or expire without thirty (30) days written notice to the Department and Contractor shall maintain such insurance from the time Contractor commences performance of services hereunder until the completion of such services. Within fifteen (15) days of the commencement of this Contract, the Contractor shall furnish a copy of the

Declaration page for all applicable policies and will provide complete certified copies of the policies and all endorsements immediately upon request.

G. Acceptability of Insurance Carrier

Unless otherwise approved by Risk Management, insurance shall be written by insurers authorized to do business in the State of California and with a minimum "Best" Insurance Guide rating of "A-VII".

H. Deductibles and Self-Insured Retention

Any and all deductibles or self-insured retentions in excess of \$10,000 shall be declared to and approved by Risk Management.

I. Failure to Procure Coverage

In the event that any policy of insurance required under this Contract does not comply with the requirements, is not procured, or is canceled and not replaced, the County has the right but not the obligation or duty to cancel the Contract or obtain insurance if it deems necessary and any premiums paid by the County will be promptly reimbursed by the Contractor or County payments to the Contractor will be reduced to pay for County purchased insurance.

J. Insurance Review

Insurance requirements are subject to periodic review by the County. The Director of Risk Management or designee is authorized, but not required, to reduce, waive or suspend any insurance requirements whenever Risk Management determines that any of the required insurance is not available, is unreasonably priced, or is not needed to protect the interests of the County. In addition, if the Department of Risk Management determines that heretofore unreasonably priced or unavailable types of insurance coverage or coverage limits become reasonably priced or available, the Director of Risk Management or designee is authorized, but not required, to change the above insurance requirements to require additional types of insurance coverage or higher coverage limits, provided that any such change is reasonable in light of past claims against the County, inflation, or any other item reasonably related to the County's risk.

Any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this Contract. Contractor agrees to execute any such amendment within thirty (30) days of receipt.

Any failure, actual or alleged, on the part of the County to monitor or enforce compliance with any of the insurance and indemnification requirements will not be deemed as a waiver of any rights on the part of the County.

K. Insurance Specifications

Contractor agrees to provide insurance set forth in accordance with the requirements herein. If the Contractor uses existing coverage to comply with these requirements and that coverage does not meet the specified requirements, the Contractor agrees to amend, supplement or endorse the existing coverage to do so. The type(s) of insurance required is determined by the scope of the contract services.

Without in anyway affecting the indemnity herein provided and in addition thereto, the Contractor shall secure and maintain throughout the contract term the following types of insurance with limits as shown:

1. Workers' Compensation/Employers Liability

A program of Workers' Compensation insurance or a State-approved, Self-Insurance Program in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with \$250,000 limits, covering all persons including volunteers providing services on behalf of the Contractor and all risks to such persons under this Contract.

If Contractor has no employees, it may certify or warrant to the County that it does not currently have any employees or individuals who are defined as "employees" under the Labor Code and the requirement for Workers' Compensation coverage will be waived by the County's Director of Risk Management.

With respect to Contractors that are non-profit corporations organized under California or Federal law, volunteers for such entities are required to be covered by Workers' Compensation insurance.

2. Commercial/General Liability Insurance

Contractor shall carry General Liability Insurance covering all operations performed by or on behalf of the Contractor providing coverage for bodily injury and property damage with a combined single limit of not less than one million dollars (\$1,000,000), per occurrence. The policy coverage shall include:

- a. Premises operations and mobile equipment.
- b. Products and completed operations.
- c. Broad form property damage (including completed operations).
- d. Explosion, collapse and underground hazards.
- e. Personal Injury.
- f. Contractual liability.
- g. \$2,000,000 general aggregate limit.

3. Automobile Liability Insurance

Primary insurance coverage shall be written on ISO Business Auto coverage form for all owned, hired and non-owned automobiles or symbol 1 (any auto). The policy shall have a combined single limit of not less than one million dollars (\$1,000,000) for bodily injury and property damage, per occurrence.

If the Contractor is transporting one or more non-employee passengers in performance of contract services, the automobile liability policy shall have a combined single limit of two million dollars (\$2,000,000) for bodily injury and property damage per occurrence.

If the Contractor owns no autos, a non-owned auto endorsement to the General Liability policy described above is acceptable.

4. Umbrella Liability Insurance

An umbrella (over primary) or excess policy may be used to comply with limits or other primary coverage requirements. When used, the umbrella policy shall apply to bodily injury/property damage, personal injury/advertising injury and shall include a “dropdown” provision providing primary coverage for any liability not covered by the primary policy. The coverage shall also apply to automobile liability.

5. Cyber Liability Insurance

Cyber Liability Insurance with limits of not less than \$1,000,000 for each occurrence or event with an annual aggregate of \$2,000,000 covering claims involving privacy violations, information theft, damage to or destruction of electronic information, intentional and/or unintentional release of private information, alteration of electronic information, extortion and network security. The policy shall protect the involved County entities and cover breach response cost as well as regulatory fines and penalties.

L. Professional Services Requirements

1. Professional Liability Insurance with limits of not less than one million (\$1,000,000) per claim or occurrence and two million (\$2,000,000) aggregate.

or

Errors and Omissions Liability Insurance with limits of not less than one million (\$1,000,000) per occurrence and two million (\$2,000,000) aggregate.

or

Directors and Officers Insurance coverage with limits of not less than one million (\$1,000,000) shall be required for contracts with charter labor committees or other not-for-profit organizations advising or acting on behalf of the County.

2. Abuse/Molestation Insurance – The Contractor shall have abuse or molestation insurance providing coverage for all employees for the actual or threatened abuse or molestation by anyone of any person in the care, custody, or control of any insured, including negligent employment, investigation, and supervision. The policy shall provide coverage for both defense and indemnity with liability limits of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate.
3. If insurance coverage is provided on a “claims made” policy, the “retroactive date” shall be shown and must be before the date of the start of the contract work. The “claims made” insurance shall be maintained or “tail” coverage provided for a minimum of five (5) years after contract completion.

XXXVII. Nondiscrimination

A. General

Contractor agrees to serve all clients without regard to race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability pursuant to the Civil Rights Act of 1964, as amended (42 U.S.C., Section 2000d), Executive Order No. 11246, September 24, 1965, as amended, Title IX of the Education Amendments of 1972, and Age Discrimination Act of 1975.

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 on the basis of race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability.

B. Individuals with Disabilities

Contractor agrees to comply with Titles I, II, and III of the Americans with Disabilities Act (ADA) which prohibits discrimination on the basis of disability in employment, by public entities, and regarding access, as well as all applicable Federal and State laws and regulations, guidelines and interpretations issued pursuant thereto.

Contractor agrees to comply with the Rehabilitation Act of 1973, which prohibits discrimination on the basis of individuals with disabilities.

C. Employment and Civil Rights

Contractor agrees to and shall comply with the County's Equal Employment Opportunity Program and Civil Rights Compliance requirements:

1. Equal Employment Opportunity Program

Contractor agrees to comply with the provisions of the Equal Employment Opportunity Program of San Bernardino County and rules and regulations adopted pursuant thereto: Executive Orders 11246, 11375, 11625, 12138, 12432, 12250, and 13672; Title VI and Title VII of the Civil Rights Act of 1964 (and Division 21 of the California Department of Social Services Manual of Policies and Procedures and California Welfare and Institutions Code, Section 10000); the California Fair Employment and Housing Act; and other applicable Federal, State, and County laws, regulations and policies relating to equal employment or social services to welfare recipients, including laws and regulations hereafter enacted.

During the term of the Contract, Contractor shall not discriminate against any employee, applicant for employment, or service recipient on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, sexual orientation, age, political affiliation or military and veteran status.

2. Civil Rights Compliance

a. Contractor shall develop and maintain internal policies and procedures to assure compliance with each factor outlined by State regulation. Consistent with the requirements of applicable Federal or State law, the 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 on the basis of race, color, gender, religion, marital status, national origin, age, sexual preference or mental or physical disabilities. The Contractor shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified individuals with disabilities in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of the United States Department of Health and Human Services, effective June 2, 1977, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1977. The Contractor shall include the nondiscrimination and compliance provisions of this Contract in all subcontracts to perform work under this Contract. Notwithstanding other provisions of this section, the Contractor may require a determination of medical necessity pursuant to Title 9, CCR, Section 1820.205, Section 1830.205 or Section 1830.210, prior to providing covered services to a beneficiary.

- b. Contractor shall prohibit discrimination on the basis of race, color, national origin, sex, gender identity, age, disability, or limited English proficiency (LEP) in accordance with Section 1557 of the Affordable Care Act (ACA), appropriate notices, publications, and DBH Non-Discrimination-Section 1557 of the Affordable Care Act Policy (COM0953

D. Sexual Harassment

Contractor agrees that clients have the right to be free from sexual harassment and sexual contact by all staff members and other professional affiliates.

E. Charitable Choice Policy

Contractor shall comply with all Federal, State and County rules and regulations that are required for compliance under: Title 42 of the Code of Federal Regulations, Part 54 – Charitable Choice Regulations and DBH’s Standard Practice Manual Charitable Choice Policy.

F. ADA Plan

Contractor shall comply with all Federal, State and County rules and regulations that are required for compliance under:

1. Americans with Disability Act (ADA);
2. Section 504 of the Rehabilitation Act of 1973;
3. 45 Code of Federal Regulations (CFR), Part 84, Non-discrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance;
4. Title 24, California Code of Regulations (CCR), Part 2, Activities Receiving Federal Financial Assistance and;

5. Unruh Civil Rights Act California Civil Code (CCC) Sections 51 through 51.3 and all applicable laws related to services and access to services for persons with disabilities (PWD).
- G. Contractor shall not discriminate against beneficiaries on the basis of health status or need for health care services, pursuant to 42 C.F.R. Section 438.6(d)(3).
- H. Policy Prohibiting Discrimination, Harassment, and Retaliation
 1. Contractor shall adhere to the County's Policy Prohibiting Discrimination, Harassment and Retaliation (07-01). This policy prohibits discrimination, harassment, and retaliation by all persons involved in or related to the County's business operations.

The County prohibits discrimination, harassment, and/or retaliation on the basis of Race, Religion, Color, National Origin, Ancestry, Disability, Sex/Gender, Gender Identity/Gender Expression/Sex Stereotype/Transgender, Sexual Orientation, Age, Military and Veteran Status. These classes and/or categories are Covered Classes covered under this policy; more information is available [at www.dfeh.ca.gov/employment](http://www.dfeh.ca.gov/employment).

The County prohibits discrimination against any employee, job applicant, unpaid intern in hiring, promotions, assignments, termination, or any other term, condition, or privilege of employment on the basis of a Protected Class. The County prohibits verbal harassment, physical harassment, visual harassment, and sexual harassment directed to a Protected Class.
 2. Contractor shall comply with 45 C.F.R. § 160.316 to refrain from intimidation or retaliation. Contractors may not threaten, intimidate, coerce, harass, discriminate against, or take any other retaliatory action against any individual or other person for:
 - a. Filing of a complaint
 - b. Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing
 - c. Opposing any unlawful act of practice, provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of opposition is reasonable and does not involve a disclosure of protected health information.

XXXVIII. DBH Notice of Personal/Civil Rights

Contractor shall ensure that staff are knowledgeable on the County DBH Notice of Personal/Civil Rights (designated as **ATTACHMENT I**).

XXXIX. Drug-Free Workplace

By signing this Contract the Contractor certifies under penalty of perjury under the laws of the State of California that the Contractor shall comply with the requirements of the Drug-Free Workplace Act of 1990 (Government Code § 8350 et. seq.), and the Pro-Children Act of 1994, and shall provide a drug-free workplace by taking the following actions:

- A. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's or organization's workplace and specifying the actions that shall be taken against employees for violations of the prohibitions as required by Government Code § 8355 (a).
- B. Establish a drug-free awareness program as required by Government Code § 8355 (b) to inform employees about all of the following:
 - 1. The dangers of drug abuse in the workplace;
 - 2. The person's or organization's policy of maintaining a drug-free workplace;
 - 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 4. The penalties that may be imposed upon employees for drug abuse violations.
- C. Provide, as required by Government Code § 8355 (c), that every employee engaged in performing of the Contract shall:
 - 1. Be given a copy of the Contractor's drug-free policy statement; and
 - 2. As a condition of employment on the Contract, agree to abide by the terms of the statement.
- D. Failure to comply with these requirements may result in suspension of payments under the Contract or termination of the Contract or both, and the Contractor may be ineligible for future County or State contracts if the County or State determines that any of the following has occurred:
 - 1. Contractor has made false certification; and/or
 - 2. Contractor has violated the certification by failing to carry out the requirements as noted above.

XL. Contract Amendments

Contractor agrees that any alterations, variations, modifications, or waivers of the provisions of the Contract shall be valid only when they have been reduced to writing, duly signed by both parties and attached to the original of the Contract and approved by the required persons and organizations.

XLI. Assignment

- A. This Agreement shall not be assigned by Contractor, either in whole or in part, without the prior written consent of the Director.
- B. This Contract and all terms, conditions and covenants hereto shall inure to the benefit of, and binding upon, the successors and assigns of the parties hereto.
- C. If the ownership of the Contractor changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the State and DBH with written documentation stating:
 - 1. The organizational change in the Contractor's name or ownership, including Articles of Incorporation or Partnership Agreements, and business licenses,

fictitious name permits, and such other information and documentation that may be requested by the State;

2. That the new licensee shall have custody of the clients' records and that these records or copies shall be available to the former licensee, the new licensee and the County; or
3. That arrangements have been made by the licensee for the safe preservation and the location of the clients' records, and that they are available to both the new and former licensees and the County; or
4. The reason for the unavailability of such records.

XLII. Legality and Severability

The parties' actions under the Contract shall comply with all applicable laws, rules, regulations, court orders and governmental agency orders. The provisions of this Contract are specifically made severable. If a provision of the Contract is terminated or held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall remain in full effect.

XLIII. Improper Consideration

Contractor shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee or agent of the County in an attempt to secure favorable treatment regarding this Contract.

The County, by written notice, may immediately terminate any Contract if it determines that any improper consideration as described in the preceding paragraph was offered to any officer, employee or agent of the County with respect to the proposal and award process or any solicitation for consideration was not reported. This prohibition shall apply to any amendment, extension or evaluation process once a Contract has been awarded.

Contractor shall immediately report any attempt by a County officer, employee or agent to solicit (either directly or through an intermediary) improper consideration from Contractor. The report shall be made to the supervisor or manager charged with supervision of the employee or to the County Administrative Office. In the event of a termination under this provision, the County is entitled to pursue any available legal remedies.

XLIV. Venue

The venue of any action or claim brought by any party to the Contract will be the Superior Court of California, County of San Bernardino, San Bernardino District. Each party hereby waives any law or rule of the court, which would allow them to request or demand a change of venue. If any action or claim concerning the Contract is brought by any third-party and filed in another venue, the parties hereto agree to use their best efforts to obtain a change of venue to the Superior Court of California, County of San Bernardino, San Bernardino District.

XLV. Conclusion

- A. This Agreement consisting of seventy-seven (77) pages, Schedules, Addenda, and Attachments inclusive is the full and complete document describing the services to be rendered by Contractor to the County, including all covenants, conditions and benefits.
- B. IN WITNESS WHEREOF, the Board of Supervisors of San Bernardino County has caused this Agreement to be subscribed by the Clerk thereof, and Contractor has caused this Agreement to be subscribed on its behalf by its duly authorized officers, the day, month, and year first above written.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

►

Georgina Yoshioka, Director

Dated: _____

**APPROVED AS TO LEGAL FORM
COUNTY COUNSEL**

By _____
Dawn Martin, Deputy County Counsel

(Print or type name of corporation, company, contractor, etc.)

By ► _____
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address _____

SPECIAL PROVISIONS FOR FEDERALLY FUNDED PROGRAMS

CONTRACTOR NAME: _____

1. Financial records shall be kept that clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to: all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
2. Contractor shall engage in outreach activities. Outreach is a service element that helps identify eligible pregnant, parenting women, and injection drug users in need of treatment services and encourages them to take advantage of these services. Outreach may include engagement of prospective program individuals by informing them of available treatment services, and can serve as “pre-treatment” by reinforcing prevention and education messages prior to enrollment in treatment. Outreach also may be used to educate the professional community on perinatal, and injection drug user services so that they become referral sources for potential clients.
3. Substance Use Disorder (SUD) treatment services provided with Substance Abuse Prevention and Treatment Block Grant (SABG) funding shall follow treatment preferences established in 45 CFR 96.131:
 - a) Pregnant Intravenous Drug Users (IVDUs);
 - b) Pregnant substance abusers;
 - c) IVDUs; and
 - d) All other eligible individuals
4. Everyone receiving SUD treatment services must provide documented evidence of their Tuberculosis (TB) status, and, if positive, evidence of ongoing treatment or a physician’s clearance to participate in a SUD treatment program. Contractor will refer individual’s needing TB testing/treatment to proper health care professionals for specialized care. Contractor shall ensure the following related to TB services:
 - a) Identify individuals at high risk of infection.
 - b) If an individual is denied admission due to lack of capacity, the individual is referred to a health care professional for TB services [i.e.: Managed Care Plan (MCP), Primary Care Physician (PCP), and Department of Public Health (DPH)]. TB services consist of testing, treatment, and counseling.
 - c) Provide TB referrals for testing and treatment as necessary. Provide referrals to an individual’s PCP, MCP, or by utilizing DBH’s voucher system through DPH, or Contractor can provide skin testing on site when necessary certifications and training are in place to provide such service.
 - When utilizing the DBH voucher system to refer individuals for TB testing or chest x-ray, assist the individual in obtaining an appointment with DPH for the needed test.

- d) Refer individuals testing positive to necessary TB treatment.
 - e) Reduce barriers for individuals to accept TB treatment.
 - f) Participate in follow-up monitoring activities, particularly after individuals leave treatment by disseminating information through educational bulletins and information on the need for continued treatment for those diagnosed with TB.
5. In the event of insufficient capacity in a SUD treatment facility, the Contractor shall refer pregnant women or IVDUs to another program with an available treatment slot; or provide interim services within 48 hours of initial request until treatment becomes available.
6. The Contractor agrees to ensure that, to the maximum extent practicable, each individual who requests and is in need of treatment for a substance use disorder is admitted to a program within 10 days after making the request. If placement cannot occur within 10 days of the request, the Contractor agrees to ensure that interim services will be made available to pregnant women and intravenous drug users within 48 hours of the request and placement occurs within 120 days of the request.

At minimum, Interim Services shall include the following:

- a) Counseling and education about human immunodeficiency virus (HIV) and TB, and includes at minimum the following topics:
 - Risks of needle sharing
 - Risks of transmission of disease to sexual partners and infants, steps to ensure that HIV and TB transmission does not occur (infection prevention strategies)
 - Effects of alcohol and drug use on the fetus (for pregnant women)
 - b) In addition to counseling and education, referrals shall be provided for:
 - HIV and/or TB testing and treatment services, if necessary
 - Prenatal care (for pregnant women)
 - Referrals based on an individual's needs that may include, but are not limited to: self-help recovery groups, pre-recovery and treatment support groups, sources for housing, food and legal aid, case management, children's services, medical services, and Temporary Assistance to Needy Families (TANF)/Medi-Cal services.
7. Transportation shall be provided or arranged for to and from the recovery and treatment site, and to and from ancillary services for perinatal women who do not have their own transportation.
- Transportation may be provided or arranged for to and from the recovery and treatment site, and to and from ancillary services for youth and other individuals actively engaged in a SUD treatment, or recovery support program, who do not have their own transportation.

8. The Contractor agrees that data shall be maintained regarding Interim Services, TB and HIV referrals and services provided. A tracking log report provided by DBH shall be submitted by the 10th calendar day of the following month to DBH-SUDRSADMIN@dbh.sbcounty.gov. If the 10th calendar day lands on a holiday/weekend, the log is due the following business day.
9. Contractor shall collect California Outcomes Measurement System (CalOMS) Treatment (Tx) data on all clients. Contractor shall ensure CalOMS data is entered into the DBH billing and transactional database system by the 7th of the month following the reporting month. CalOMS data is required regardless of the source of funds used for the client's treatment services. For example, if a contractor receives DBH funding, and provides services to private-pay clients, the Contractor shall collect and submit CalOMS Tx data for all clients, including those who are privately paying for their services.

DBH generates and distributes CalOMS reports to Contractor's on a monthly basis. Contractor will review and reconcile these reports timely.

- a) Open Admission Report: Ensuring when services are no longer rendered, discharge occurs. For clients identified as not receiving services for 30 days or more discharge data shall be entered into the DBH billing and transactional database system within fourteen (14) days of the report distribution date.
 - b) Annual Update Report: Annual updates are completed for clients in treatment for twelve months or more, continuously in one contractor and one service modality with no break in services exceeding 30 days. Example: a client in a narcotic treatment modality, for twelve months or longer. For such a client, the Contractor collects the CalOMS Tx data approximately one year from the day the client was admitted. Contractor will ensure all clients identified on the report as not having an Annual Update completed will complete the Annual Update fourteen (14) days from the report distribution date.
 - c) Error Report: Errors can occur in the CalOMS data entered which will result in the CalOMS record being rejected by the Department of Health Care Services (DHCS). Errors must be corrected to ensure proper CalOMS reporting. All CalOMS errors identified must be reconciled and corrected by the last Friday of the applicable month according to the report distribution date.
10. Drug and Alcohol Treatment Access Report (DATAR) is the DHCS system to collect data on treatment capacity and waiting lists and is considered a supplement to CalOMS Tx. DATAR assists in identifying specific categories of individuals awaiting treatment and identifies available treatment facilities for these individuals.

All SUD treatment contractors that receive SUD treatment funding are required to submit the one-page DATAR form each month in the web based DATAR application. In addition, certified Drug Medi-Cal contractors and Licensed Narcotic Treatment Programs must report, whether or not the contractors receive public funding. Contractor must submit DATAR reports for each month by the 5th of the following month. For example, for the

month of September, the DATAR report must be submitted by the 5th of October.

- DBH utilizes the data and reports to monitor capacity and utilization. Contractor must notify the assigned DBH Program Coordinator and DHCS's Family Services Unit upon reaching or exceeding 90 percent of its treatment capacity within seven days by emailing FSU at DHCSPerinatal@dhcs.ca.gov.
 - The subject line in the email must read "Capacity Management."
 - DBH provides DATAR access for designated Contractor staff completing DATAR entries. Contractor shall have two (2) individuals assigned per clinic location to complete monthly DATAR entries: one primary and one back up. Contractor shall notify DBH at DBH-SUDRSADMIN@dbh.sbcounty.gov, or most recent email address as provided by DBH SUDRS Administration, within 10 business days of the need to add or delete designated staff completing DATAR entries.
11. Contractors providing youth services must comply with the current DHCS Adolescent Substance Use Disorder Best Practices Guide in the provision of service. Current Adolescent Substance Use Disorder Best Practices Guide is to be utilized until new guidelines are issued by DHCS. Adolescent Substance Use Disorder Best Practices Guide is posted online at: https://www.dhcs.ca.gov/Documents/CSD_CMHCS/Adol%20Best%20Practices%20Guide/AdolBestPracGuideOCTOBER2020.pdf.
12. Contractors providing perinatal treatment services must comply with the current DHCS' Perinatal Practice Guidelines. Current Perinatal Practice Guidelines are to be utilized until new guidelines are issued by DHCS. Perinatal Practice Guidelines are posted online at: https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services/Perinatal-Practice-Guidelines.pdf.

---END OF ADDENDUM---

**SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT (SABG)
STATE FISCAL YEARS 2022-23 AND 2023-24 PROGRAM SPECIFICATIONS**

**(Verbatim language from Biennial 2022-24
SABG County Application, Enclosure 2, Article II. General)**

II. General

1. Additional Contract Restrictions

This Contract is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Contract in any manner.

2. Hatch Act

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

3. No Unlawful Use or Unlawful Use Messages Regarding Drugs

County agrees that information produced through these funds, and which pertains to drugs and alcohol-related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program.

Additionally, no aspect of a drug or alcohol-related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC, Division 10.7, Chapter 1429, Sections 11999-11999.3). By signing this Enclosure, County agrees that it will enforce, and will require its subcontractors to enforce, these requirements.

4. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

5. Debarment and Suspension

County shall not subcontract with or employ any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

The County shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001.

If a County subcontracts or employs an excluded party, DHCS has the right to withhold payments, disallow costs, or issue a CAP, as appropriate, pursuant to HSC Code 11817.8(h).

6. Restriction on Distribution of Sterile Needles

No SABG funds made available through this Contract shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

7. Health Insurance Portability and Accountability Act (HIPAA) of 1996

All work performed under this Contract is subject to HIPAA, County shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit E, DHCS and County shall cooperate to assure mutual agreement as to those transactions between them, to which this provision applies. Refer to Exhibit E for additional information.

A. Trading Partner Requirements

1. **No Changes.** County hereby agrees that for the personal health information (Information), it will not change any definition, data condition or use of a data element or segment as proscribed in the Federal Health and Human Services (HHS) Transaction Standard Regulation (45 CFR 162.915 (a)).
2. **No Additions.** County hereby agrees that for the Information, it will not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation (45 CFR 162.915 (b)).
3. **No Unauthorized Uses.** County hereby agrees that for the Information, it will not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications (45 CFR 162.915 (c)).
4. **No Changes to Meaning or Intent.** County hereby agrees that for the Information, it will not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification (45 CFR 162.915 (d)).

B. Concurrence for Test Modifications to HHS Transaction Standards

County agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, County agrees that it will participate in such test modifications.

C. Adequate Testing

County is responsible to adequately test all business rules appropriate to their types and specialties. If the County is acting as a clearinghouse for enrolled providers, County has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

D. Deficiencies

County agrees to correct transactions, errors, or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the County is acting as a clearinghouse for that provider. When County is a clearinghouse, County agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

E. Code Set Retention

Both parties understand and agree to keep open code sets being processed or used in this Contract for at least the current billing period or any appeal period, whichever is longer.

F. Data Transmission Log

Both parties shall establish and maintain a Data Transmission Log which shall record any and all Data Transmissions taking place between the Parties during the term of this Contract. Each party will take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

8. Nondiscrimination and Institutional Safeguards for Religious Providers

County shall establish such processes and procedures as necessary to comply with the provisions of USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54.

9. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be registered or certified as defined in CCR, Title 9, Division 4, Chapter 8.

10. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Contract shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards as outlined online at:

<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53https://thinkculturalhealth.hhs.gov/clas/standards>

11. Intravenous Drug Use (IVDU) Treatment

County shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo AOD treatment (42 USC 300x-23 (45 CFR 96.126(e))).

12. Tuberculosis Treatment

County shall ensure the following related to Tuberculosis (TB):

- A. Routinely make available TB services to individuals receiving treatment.
- B. Reduce barriers to patients' accepting TB treatment.
- C. Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

13. Trafficking Victims Protection Act of 2000

County and its subcontractors that provide services covered by this Contract shall comply with the Trafficking Victims Protection Act of 2000 (USC, Title 22, Chapter 78, Section 7104) as amended by section 1702 of Pub. L. 112-239.

14. Tribal Communities and Organizations

County shall regularly review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, and survey Tribal representatives for insight in potential barriers to the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the County geographic area. Contractor shall also engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/AN communities within the County.

15. Marijuana Restriction

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 CFR. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 USC § 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under Federal law.

16. Participation of County Behavioral Health Director's Association of California

The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director's Association of California for

the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services.

The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

17. Adolescent Best Practices Guidelines

County must utilize DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure. The Adolescent Best Practices Guidelines can be found at:

https://www.dhcs.ca.gov/Documents/CSD_CMHCS/Adol%20Best%20Practices%20Guide/AdolBestPracGuideOCTOBER2020.pdf

18. Byrd Anti-Lobbying Amendment (31 USC 1352)

County certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. County shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

19. Nondiscrimination in Employment and Services

County certifies that under the laws of the United States and the State of California, County will not unlawfully discriminate against any person.

20. Federal Law Requirements:

- A. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally-funded programs.
- B. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- C. Age Discrimination Act of 1975 (45 CFR Part 90), as amended 42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
- D. Age Discrimination in Employment Act (29 CFR Part 1625).
- E. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
- F. Title II of the Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.

- G. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- H. Section 504 of the Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- I. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- J. Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- K. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- L. Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

21. State Law Requirements:

- A. Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (2 CCR 7285.0 et seq.).
- B. Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
- C. Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 13000.
- D. No federal funds shall be used by the County or its subcontractors for sectarian worship, instruction, or proselytization. No federal funds shall be used by the County or its subcontractors to provide direct, immediate, or substantial support to any religious activity.

22. Additional Contract Restrictions

- A. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for DHCS to withhold payments under this Contract or terminate all, or any type, of funding provided hereunder.
- B. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

23. Information Access for Individuals with Limited English Proficiency

- A. County shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.
- B. County shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language

assistance, (c) language interpreter and translation services, or (d) video remote language interpreting services.

24. Subcontract Provisions

County shall include all of the foregoing Part II general provisions in all of its subcontracts. These requirements must be included verbatim in contracts with subrecipients and not through documents incorporated by reference.

**DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS)
ADDITIONAL PROVISIONS**

1. Additional Agreement Restrictions

- i. This Agreement is subject to any additional restrictions, limitations, conditions, or statutes enacted or amended by the federal or state governments, which may affect the provisions, terms, or funding of this Agreement in any manner.

2. Voluntary Termination of DMC-ODS Services

- i. The Contractor may terminate this Agreement at any time, for any reason, by giving 60 days written notice to DHCS. The Contractor shall be paid for DMC-ODS services provided to beneficiaries up to the date of termination. Upon termination, the Contractor shall immediately begin providing DMC services to beneficiaries in accordance with the State Plan.

3. Nullification of DMC-ODS Services

- i. The parties agree that failure of the Contractor, or its subcontractors, to comply with W&I Code section 14124.24, 14184.100 et seq., BHIN 21-075, this Agreement, and any other applicable statutes, regulations or guidance issued by DHCS, shall be deemed a breach that results in the termination of this Agreement for cause.
- ii. In the event of a breach, DMC-ODS services shall terminate. The Contractor shall immediately begin providing DMC services to the beneficiaries in accordance with the State Plan.

4. Hatch Act

- i. Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

5. No Unlawful Use or Unlawful Use Messages Regarding Drugs

- i. Contractor agrees that information produced through these funds, and which pertains to drug and alcohol related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (H&S Code section 11999-11999.3). By signing this Agreement, Contractor agrees that it shall enforce, and shall require its subcontractors to enforce, these requirements.

6. Noncompliance with Reporting Requirements

- i. Contractor agrees that DHCS has the right to withhold payments until Contractor has submitted any required data and reports to DHCS, as identified in this Exhibit

A, Attachment I or as identified in Document 1F(a), Reporting Requirement Matrix for Counties.

7. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

- i. None of the funds made available through this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

8. Health Insurance Portability and Accountability Act (HIPAA) of 1996

- i. If any of the work performed under this Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit F, DHCS and the Contractor shall cooperate to ensure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit F for additional information.

ii. Trading Partner Requirements

- a. No Changes. Contractor hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation (45 CFR Part 162.915 (a)).
- b. No Additions. Contractor hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation (45 CFR Part 162.915 (b)).
- c. No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked "not used" in the HHS Transaction's Implementation specification or are not in the HHS Transaction Standard's implementation specifications (45 CFR Part 162.915 (c)).
- d. No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard's implementation specification (45 CFR Part 162.915 (d)).

iii. Concurrence for Test Modifications to HHS Transaction Standards

- a. Contractor agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Contractor agrees that it shall participate in such test modifications.

iv. Adequate Testing

- a. Contractor is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a

clearinghouse for enrolled providers, Contractor has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

v. Deficiencies

- a. The Contractor agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. If the Contractor is a clearinghouse, the Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

vi. Code Set Retention

- a. Both DHCS and the Contractor understand and agree to keep open code sets being processed or used in this Agreement for at least the current billing period or any appeal period, whichever is longer.

vii. Data Transmission Log

- a. Both DHCS and the Contractor shall establish and maintain a Data Transmission Log, which shall record any and all data transmissions taking place between the Parties during the term of this Agreement. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than 24 months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

9. Counselor Certification

- i. Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to comply with the requirements in Cal. Code Regs., tit. 9, div. 4, chapter 8. (Document 3H)

10. Cultural and Linguistic Proficiency

- i. To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Agreement shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

11. Trafficking Victims Protection Act of 2000

- i. Contractor and its subcontractors that provide services covered by this Agreement shall comply with section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to: <http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim>.

12. Participation in the County Behavioral Health Director's Association of California.

- i. The Contractor's County Administrator or designee shall participate and represent the county in meetings of the County Behavioral Health Director's Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for SUD services.
- ii. The Contractor's County Administrator or designee shall attend any special meetings called by the Director of DHCS.

13. Youth Treatment Guidelines

- i. Contractor shall follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Agreement is required for new guidelines to be incorporated into this Agreement.

14. Nondiscrimination in Employment and Services

- i. By signing this Agreement, Contractor certifies that under the laws of the United States and the State of California, incorporated into this Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

15. Federal Law Requirements:

- i. Title VI of the Civil Rights Act of 1964, section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.
- ii. Title IX of the Education Amendments of 1972 (regarding education and programs and activities), if applicable.
- iii. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- iv. Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC sections 6101 – 6107), which prohibits discrimination on the basis of age.

- v. Age Discrimination in Employment Act (29 CFR Part 1625).
 - vi. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
 - vii. Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.
 - viii. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
 - ix. Rehabilitation Act of 1973, as amended (29 USC section 794), prohibiting discrimination on the basis of individuals with disabilities.
 - x. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
 - xi. Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
 - xii. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
 - xiii. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.
16. State Law Requirements:
- i. Fair Employment and Housing Act (Gov. Code section 12900 et seq.) and the applicable regulations promulgated thereunder (Cal. Code Regs., tit. 2, Div. 4 § 7285.0 et seq.).
 - ii. Title 2, Division 3, Article 9.5 of the Gov. Code, commencing with Section 11135.
 - iii. Cal. Code Regs., tit. 9, div. 4, chapter 8, commencing with § 10800.
 - iv. No state or Federal funds shall be used by the Contractor, or its subcontractors, for sectarian worship, instruction, and/or proselytization. No state funds shall be used by the Contractor, or its subcontractors, to provide direct, immediate, or substantial support to any religious activity.
 - v. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Agreement or terminate all, or any type, of funding provided hereunder.
17. Investigations and Confidentiality of Administrative Actions
- i. Contractor acknowledges that if a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to W&I Code section 14043.36(a). Information about a provider's administrative

sanction status is confidential until such time as the action is either completed or resolved. DHCS may also issue a payment suspension to a provider pursuant to W&I Code section 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a payment suspension is in effect.

- ii. Contractor shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning subcontracted providers that are subject to administrative sanctions.

18. Subcontract Provisions

- i. Contractor shall include all of the foregoing provisions in all of its subcontracts.

**AGREEMENT FOR THE PROVISION OF
SUBSTANCE USE DISORDER SERVICES
WITHDRAWAL MANAGEMENT AND RESIDENTIAL TREATMENT SERVICES**

CONTRACTOR NAME: _____

A. Contractor shall provide Withdrawal Management and Residential Treatment Services as defined herein to San Bernardino County residents.

B. FACILITY LOCATIONS:

Contractor shall provide the above services in and from the following address(es):

Facility Name	Facility Name
Address	Address
City, CA Zip Code	City, CA Zip Code

The locations for services may change in order to best serve the needs of San Bernardino County residents. Any location change shall be approved by the Director or designee, to ensure that all applicable laws and regulations are followed and all contract requirements are met.

C. BACKGROUND

The San Bernardino County Department of Behavioral Health, Substance Use Disorder and Recovery Services (DBH - SUDRS) provides Drug Medi-Cal Organized Delivery System (DMC-ODS) services through a coordinated network of substance use disorder prevention, treatment and recovery services which are provided through Contractors and County clinics. Each Contractor agrees that every effort shall be made to make accessible all programs and DMC-ODS services available through the coordinated network including its various levels of care: Prevention, Early Intervention, Adult/Youth/Perinatal Residential Treatment, Withdrawal Management (detoxification), Recovery Services, Outpatient, Intensive Outpatient, and Narcotic Treatment Programs.

Residential Treatment services are designed for clients who meet the ASAM Criteria for Residential Treatment ASAM Level 3. Residential Treatment is a non-institutional, 24-hour non-medical, short-term residential program of any size that provides rehabilitation services to clients with a substance use disorder diagnosis when determined by a Medical Director or Licensed Practitioner of the Healing Arts (LPHA) as medically necessary and in accordance with an individualized problem list and planned action steps. These services are intended to be individualized to treat the functional deficits identified in the ASAM Criteria.

Withdrawal Management (Level 3.2 WM in ASAM) services are provided in a continuum of WM services as per the ASAM Criteria when determined by a Medical Director or LPHA as medically necessary and in accordance with an individualized client plan.

Recovery Services are services designed to support and/or enhance recovery. These can include outpatient counseling, recovery monitoring, education and job skills and ancillary services, among others.

Residential, Withdrawal Management, and Recovery Services are provided to non-perinatal and perinatal beneficiaries.

D. PROGRAM OBJECTIVE:

In the residential treatment environment, an individual's functional cognitive deficits may require treatment that is primarily slower paced, more concrete and repetitive in nature. The daily regimen and structured patterns of activities are intended to restore cognitive functioning and build behavioral patterns within a community. Each client shall live on the premises and shall be supported in their efforts to restore, maintain and apply interpersonal and independent living skills and access community support systems. Providers and residents work collaboratively to define barriers, set priorities, establish goals, create a problem list with planned action steps, and solve problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care. In clients with co-occurring conditions, goals should include the treatment of mental health disorders.

Each client shall reside at the facility if receiving a residential service and will be monitored during the detoxification process (Withdrawal Management). Medically necessary facilitative and rehabilitative services are provided in accordance with an individualized problem list and planned action steps prescribed by a licensed physician or licensed prescriber and, approved and authorized according to the state of California requirements.

Providers may coordinate with clients during and after treatment to offer recovery services, as applicable, to assist in a transition to self-sufficiency after residential treatment. Goals include a decrease in symptoms in clients who have been triggered or have relapsed and/or client development of skills to deter triggers.

E. PERSONS TO BE SERVED:

Priority Population

The populations to be served are residents of the County, to include youth (ages 13 through 17) and adults (ages 18 and over), of all genders who have been assessed or identified as having a substance use disorder and determined to require treatment at the residential level.

To meet the requirements of 45 CFR Section 96.131, Contractor must acknowledge the priority population in the following order:

1. Pregnant injecting drug users;
2. Pregnant substance abusers;
3. Injecting drug users; and
4. All others.

F. SERVICE DESCRIPTION:

Contractor shall provide Substance Use Disorder Services Residential Treatment and Withdrawal Management services in accordance with the following description:

1. The San Bernardino County Department of Behavioral Health (DBH), Substance Use Disorder and Recovery Services (SUDRS) have implemented a coordinated network of substance use disorder prevention, treatment and recovery services which are provided through contractors and County clinics. Each Contractor agrees that every effort shall be made to make all services available through the coordinated network including its various levels of care: prevention, residential treatment, withdrawal management (detoxification), outpatient, intensive outpatient treatment, early intervention, and medication assisted treatment..
2. Each Contractor agrees to provide all potential clients access to this network of services and system of care through a consistent evaluation process to determine the appropriate ASAM Criteria level of care.
3. The components of Residential Treatment services include:
 - a. Assessment
 - b. Care Coordination
 - c. Counseling (individual and group)
 - d. Family Therapy
 - e. Medication Services
 - f. Medications for Addiction Treatment (also known as medication assisted treatment) for Alcohol Use Disorders (MAT for AUD) and other Non-Opioid Substance Use Disorders (SUDs)
 - g. Medications for Addiction Treatment (also known as medication assisted treatment) for Opioid Use Disorders (MAT for OUD)
 - h. Client Education
 - i. Recovery Services
 - j. Crisis Intervention Services
 - k. Perinatal-specific services, including mother/child habilitative and rehabilitative services, such as:
 - i. parenting skills and training in child development;
 - ii. access to services, such as arrangement for transportation;
 - iii. education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and

- iv. coordination of ancillary services, such as medical/dental, education, social services, and community services.
- I. Youth-specific services
 - i. coordination of education services while the youth is in residential treatment in accordance with state laws for education and/or special education;
 - ii. time and support to keep up with schoolwork; and
 - iii. coordination with the youth and family to reintegrate the youth into school or into educational or vocational training services appropriate for their needs.
- m. Forensic-specific services
 - i. coordination with other stakeholders involved with each individual consumer, including family members, the Courts, Probation Officers, Social Service Staff, employers, and others.
 - ii. provide progress report submissions to the court client is assigned to.
 - iii. ongoing collaboration with forensic treatment teams while clients are in proposer(s) care, which includes attendance of weekly meetings.
- 4. The components of Withdrawal Management services are:
 - a. Assessment
 - b. Care Coordination
 - c. Medication Services
 - d. Medications for Addiction Treatment (also known as medication assisted treatment) for Opioid Use Disorders (MAT for OUD)
 - e. Medications for Addiction Treatment (also known as medication assisted treatment) for Alcohol Use Disorders (MAT for AUD) and other Non-Opioid Substance Use Disorders (SUDs)
 - f. Observation
 - g. Recovery Services
- 5. The components of Recovery Services are:
 - a. Assessment
 - b. Care Coordination
 - c. Counseling (individual and group)
 - d. Family Therapy

- e. Recovery Monitoring, which includes recovery coaching and monitoring designed for the maximum reduction of the client's SUD
- f. Relapse Prevention, which includes interventions designed to teach clients with SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the client's SUD

All Clinically Managed Residential Withdrawal Management programs should have personnel who are familiar with the features of substance use withdrawal, have training in basic First Aid and CPR, and have access to emergency medical systems that can provide transportation to emergency departments.

All Residential Treatment and/or Withdrawal Management shall be Co-Occurring Capable and prepare an individualized written problem list and planned action steps for each client receiving services, based upon information obtained during the assessment process. The individualized problem list will be completed upon initial assessment and then updated on an ongoing basis to reflect the current presentation of the client.

All Residential Treatment services shall receive prior authorization from the County. San Bernardino County Screening Assessment and Referral Center (SARC) will screen and provide prior authorization for Residential Treatment services.

Priority admission for all women in perinatal funded services must be given in the following order:

- a. Pregnant injection drug users;
- b. Pregnant substance users;
- c. Parenting injection drug users;
- d. Parenting substance users.

G. SPECIFIC RESPONSIBILITIES:

1. Program Requirements

Minimum Program Requirement:

- a. Operation Guidelines:
 - i. Contractor shall deliver SUD treatment services that conform to and follow applicable regulations and any regulations that govern specific funding to be utilized in the provision of services, such as but not limited to:
 - 1) [Drug Medi-Cal Organized Delivery System](#)
 - 2) [Substance Abuse Prevention and Treatment Block Grant \(SABG\) Policy Manual](#)

- 3) [Minimum Quality Drug Treatment Standards for SABG](#)
 - 4) [Alcohol and/or Other Drug Program Certification Standards](#)
 - 5) [Adolescent Substance Use Disorder Best Practices Guide](#)
 - 6) [Perinatal Practice Guidelines](#)
- ii. Contractor shall complete a needs assessment to determine the SUD needs, demographic make-up and population trends of the service area(s) to identify the need for SUD services, and the cultural and linguistic needs of the target population(s). Such assessments are critical to designing and planning for the provision of appropriate and effective services.
 - iii. Contractor shall assist clients who are not actively receiving Medi-Cal in applying for this benefit.
 - iv. Contractor shall provide services to San Bernardino County residents who have San Bernardino County Medi-Cal (County of Responsibility Code: 36). Clients seeking services with any other County Code for Medi-Cal eligibility shall be referred to their County of responsibility.
 - 1) For clients who indicate they have permanently moved to San Bernardino County (as their Medi-Cal is indicating a different county), assist the client in contacting the Social Services Department in their former county of residence and with a request to transfer their Medi-Cal case to San Bernardino County. Efforts made to transition the clients Medi-Cal shall be clearly documented in the client's file.
 - 2) Clients who have permanently moved to San Bernardino County and have already initiated the transfer process (showing County of Residence Code: 36) may receive services in San Bernardino County while the Medi-Cal transfer process is being completed.
 - v. Contractor shall verify Medi-Cal eligibility for all clients each month the client is enrolled in the program. Documentation of monthly Medi-Cal eligibility shall be kept on file in the client's chart.

- vi. Contractor shall provide Co-Occurring Capable Residential Treatment services for adult clients, pregnant women, adult clients with child(ren), and/or youth and can include individuals receiving concurrent services through other DBH programs such as TAP, CHOICE, DOORS, RISES, STAR, and CSTAR. Clients will be assessed and determined they require this level of care based on ASAM criteria that provides; food, shelter and recovery services on a twenty-four (24) hour basis. A stay in Residential Treatment must be authorized by the County and be deemed medically necessary.
 - 1) The initial medical necessity determination shall be performed through a face-to-face review or telehealth by a Medical Director, licensed physician, or LPHA. After establishing a diagnosis, the ASAM Criteria will be applied to determine placement into the level of assessed services.
 - 2) Residential services are provided in a Department of Health Care Services (DHCS) or, for youth, California Department of Social Services (CDSS), licensed residential facility that also has DMC certification.
 - 3) Residential Treatment facilities must also have a DHCS Level of Care (LOC) designation or ASAM LOC Certification as required by DHCS.
 - 4) Residential services can be provided in facilities of any size.
 - 5) The duration of treatment shall be determined based on medical necessity.
 - 6) Perinatal Residential Treatment services are to be provided at a site certified and/or licensed by DHCS as a certified perinatal and substance use disorder treatment facility and is currently Drug Medi-Cal Certified.
- vii. Contractor shall provide twenty-four (24) hour staff supervision of all adult clients, adult(s) with child(ren), and/or youth.
- viii. Contractor shall provide Co-Occurring Capable Residential Treatment services.
- ix. Contractor may provide Recovery Services.

- x. Contractor shall provide semi-private rooms for each adult client and their child(ren), as applicable. Adult clients with children up to age six (6) shall be provided sleeping quarters separate from adult clients without children. Child(ren) ages seven (7) through twelve (12) shall obtain prior written approval from the DBH Program Manager/designee. At no time shall a child(ren) be co-mingled with non-related adult clients, other than with other adult clients with child(ren).
- xi. Contractor shall assure school-aged child(ren) in residence with an adult client have access to educational services as required by law.
- xii. Childcare services shall be provided for child(ren) ages six (6) and younger for clients who are receiving Residential Treatment. With prior written approval from the DBH Program Manager/designee, child(ren) ages seven (7) through twelve (12) can be considered.
- xiii. Contractor shall provide three (3) nutritionally complete meals per day for each adult, youth, and adult(s) with their child(ren), as applicable. (All food handling, storage and meal preparations shall meet the California Code of Regulations (CCR), Title 9, Division 4, Chapter 5 guidelines – section 10573.)
- xiv. Contractor shall maintain sufficient staff and volunteers with adequate knowledge, skills and ability; available during operating hours to maintain full-service, twenty-four (24) hour operations.
- xv. Adult clients shall be trained and instructed in the facilities emergency procedures.
- xvi. Transportation shall be provided to community resources not available within the program. Provision of or arrangement for transportation shall be provided to and from medically necessary treatment. This includes transportation to ensure clients and their child(ren) have access to treatment services, primary medical care, and to obtain employment. Only drivers licensed for the type of vehicle operated shall be permitted to transport adult clients and child(ren). Manufacturers rated seating capacity of vehicles shall not be exceeded and child safety seats shall be utilized when transporting children if required by California Motor Vehicle code. Motor vehicles

used to transport clients and child(ren) shall be maintained in safe operating condition.

Perinatal Specific Transportation:

Contractor must provide or arrange for transportation to ensure that pregnant and parenting women, and their children, have access to the following services:

- 1) Primary medical care, including prenatal care;
- 2) Primary pediatric care, including immunizations;
- 3) Gender-specific treatment; and
- 4) Therapeutic interventions for children.

Forensic-specific Transportation:

Contractor must provide transportation to court appearances, community resources, medical services, and outpatient programs based on individual needs.

- xvii. Contractor shall maintain all Federal, State and locally required permits, licenses, clearances and certifications necessary for operation and follow all regulations related to the delivery of services. Resources to this information (not all inclusive):

- 1) State of California Health and Human Services Agency Department of Health Care Services Substance Use Disorder Compliance Division – Initial Treatment Provider Application
http://www.dhcs.ca.gov/Documents/DHCS_6002_-_Initial_Provider_Application_6.29.16.pdf
- 2) Title 22 section 51341.1 Drug Medi-Cal Substance Use Disorder Services
- 3) California Code of Regulations (CCR) Title 9, Division 4, Chapter 5 – Licensure of Residential Alcoholism or Drug Abuse Recovery or Treatment Facilities
- 4) CCR Title 9, Division 4, Chapter 8 - Counselor Certification Regulations
- 5) Drug Medi-Cal Certification Standards for Substance Abuse Clinics Effective July 2004:
- 6) Drug Medi-Cal Application: www.dhcs.ca.gov.

- xviii. Perinatal-specific:

Contractor shall provide for a woman-only, gender specific, environment with evidence-based substance use disorder treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, parenting and childcare while women are receiving services.

Contractor shall provide or arrange for therapeutic interventions for children in the custody of women in treatment which may, among other things, address the child(ren)'s developmental needs and their issues of sexual abuse, physical abuse and neglect.

xix. Youth/Adolescent-specific:

Contractor shall coordinate with residential treatment staff and education services to reintegrate the youth into school/educational/vocational training in accordance with state laws as well as provide time and support for the youth to keep up with schoolwork.

xx. Forensic-specific:

Contractor shall provide progress report submissions for MHD population to the MHD courts.

Contractor shall allow Probation Officers access to speak and/or visit with clients as required.

Contractor shall provide consistent feedback and communication to Forensic Services programs on client progress in order to complete necessary status updates to justice partners involved in the case.

xxi. Contractor shall provide a schedule of group treatment sessions.

xxii. If applicable, ongoing collaboration with the TAP from DBH which may include case management, weekly groups or individual sessions with DBH staff and follow up appointments at DBH Clinics. Time frames and office space for DBH staff to see their consumers on a weekly basis must be provided by Contractor on site.

b. Facility Requirements:

i. Contractor shall provide all facilities, facility management, supplies and other resources necessary to establish and operate the program.

- ii. Contractor shall provide prior proper notification to DBH if the facility location will change.
- iii. Contractor shall have sufficient space for services (Residential Treatment and Withdrawal Management), activities, staff and administrative offices. Contractor shall have indoor and outdoor activity space for clients according to program goals and objectives.
- iv. Contractor shall have living, sleeping, bathing and toiletry areas enclosed by permanent walls, floors, ceilings and doors.
- v. Contractor shall provide clean semi-private rooms for each adult client and their child(ren), if applicable. Adult clients with children shall be provided separate sleeping quarters from adult clients without children.
- vi. Semi-private rooms and/or sleeping quarters shall be clean, in good repair, safe for adult clients and any child(ren) residing at the facility with their parent. Each adult client, youth client and adult client with child(ren) shall be provided with a safe, clean, healthful environment.
- vii. Where female and male clients are housed in the same Program, the Contractor shall ensure minimal personal security and privacy which shall include, but not be limited to the following:
 - 1) Separate and adequate toilet, hand washing, and bathing facilities for females and males and these shall be in proximity of designated sleeping areas.
 - 2) Separate and adequate sleeping areas for females and males. Such areas shall be enclosed by permanent walls which extend from the floor to the ceiling and have a permanent door.
- viii. For Withdrawal Management, the Contractor shall have the ability and space to have the Withdrawal Management area separate from the Residential sleeping quarters. The Withdrawal Management beds shall be located in such a fashion that staff may easily observe them.
- ix. Contractor shall have designated buildings, and/or rooms, and/or space for treatment services.
- x. Facility fixtures, furniture, equipment and supplies shall meet the standards as listed in the Department of Alcohol

and Drug Programs, California Code of Regulations (CCR), Title 9, Division 4, Chapter 5 guidelines – Section 10584).

- xi. Contractor shall obtain and/or maintain a facility location that will be appropriate and accessible for the selected service regions, readily accessible by public transportation, be easily accessible to community services, educational resources, health care facilities, and employment opportunities, and shall be in compliance with Americans with Disabilities Act (ADA) and California State Administration Code Title 24.
 - xii. Contractor shall be Drug Medi-Cal Certified and have a DHCS Level of Care Designation and/or an ASAM Level of Care Certification from The American Society of Addiction Medicine that indicates the Contractor is capable of delivering care consistent with the ASAM Criteria.
 - xiii. Contractor shall be IMS Certified, if necessary to provide appropriate services to clients.
 - xiv. The facility shall have laundry facilities (washers/dryers) on site.
 - xv. Contractor shall provide basic supplies for basic living needs; i.e., paper towels, toilet tissue, hand soap, bath towels, bed linens, laundry soap, etc.
 - xvi. Contractor shall provide adequate telephone service on the premises for emergency use.
 - xvii. Contractor shall provide a telephone within the facilities complex that is available twenty-four (24) hours per day, seven (7) days per week for resident use. This may be a pay phone.
 - xviii. First aid supplies shall be maintained and be readily available in the facility.
 - xix. Contractor shall have written policies that limit and monitor access by individuals who are not clients, staff, volunteers, or authorized visitors.
- c. Regulations and Standards:
- i. Contractor shall maintain compliance with all non-discrimination laws and regulations and follow admission policies that ensure all clients are admitted to services regardless of anticipated outcomes.

- ii. Child care must meet applicable standards of state and local law. Child care must be provided in accordance with the California Department of Social Service regulations for licensed and/or licensed-exempt child care. Title 22 Division 12, Chapter 1.
- iii. Contractor shall have the capacity, at a minimum, to screen and refer all clients with co-occurring disorders to identify and link the client to appropriate co-occurring treatment.
- iv. Contractor shall provide professional certified interpreter and translation services as needed for persons with Limited English Proficiency (LEP) and the deaf/hearing impaired.
- v. Contractor shall obtain the appropriate San Bernardino County permit if located in an unincorporated area of the County or other local city permit if required to operate the facility. Contractor shall be approved for any permits required and maintain the permit in good standing for as long as the facility is in operation.
- vi. Contractor shall ensure that Residential Treatment and Withdrawal Management facilities are free of alcohol, recreational marijuana and any non-prescription drugs that could be utilized in an illicit manner, this also includes medical marijuana.
- vii. Contractor shall comply with all State and Federal statutes and regulations regarding confidentiality, including but not limited to applicable provisions of Part 2, Title 42 Code of Federal Regulations; Welfare Institutions Code Sections 5328 et. seq., and 14100.2; Sections 11812 of the Health and Safety Code; Title 22, California Code of Regulations Section 51009; and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- viii. Contractor shall ensure staff, volunteers, and interns are knowledgeable on the County DBH Notice of Substance Use Disorder and Recovery Services Grievance and Complaint Procedures and ensure that any complaints by clients are referred to the County in accordance with the procedures. The Policy consists of items such as:
 - 1) DBH-SUDRS follows-up on all complaints.
 - 2) Strict timelines are followed for complaint resolution.
 - 3) DHCS can be contacted as well or if complaint remains unresolved.

- 4) DBH Access Unit shall be notified of all complaints.

A copy of the County DBH Notice of Substance Use Disorder and Recovery Services Grievance and Complaint Procedures shall be given to each client upon entry to the program and shall be displayed in an area accessible and conspicuous to all clients and staff.

- ix. Contractor shall ensure all incidents with clients are reported on the [“Unusual Occurrence/Incident Report”](#) County form QM053. Incidents can be, but are not limited to:

- 1) Dangerous Behavior
- 2) Medical/Injury
- 3) Disturbance/Destruction of Property
- 4) Victimized
- 5) Death
- 6) Dangerous Behavior – Self
- 7) Sexual Behavior
- 8) Others (not listed)

All incidents shall be reported to Contractor supervision staff immediately. Staff witnessing the incident shall complete the QM053 form. Supervisory staff shall conduct an investigation and complete applicable sections for the QM053 form and submit a copy to the DBH Program Manager/designee by the next working day.

- x. Contractor shall establish protocols; in the event of Program or Contract termination that provides for the responsible and orderly transition of clients to another DBH-approved facility for services. The plan shall include a provision for furnishing DBH with all client information and any documents necessary for this transition.

- xi. Perinatal-specific:

Contractor shall comply with the requirements for perinatal programs as referenced in the DHCS Perinatal Practice Guidelines FY 2018-19 until such time as new Perinatal Practice Guidelines are established and adopted. No formal amendment to a contract shall be required for new guidelines to apply.

Youth/Adolescent-specific:

- xii. Contractor shall comply with the requirements for youth/adolescent programs as referenced in the DHCS Adolescent SUD Best Practices Guide (October 2020) until such a time as a new Adolescent SUD Best Practices Guide is established and adopted. No formal amendment to a contract shall be required for new guidelines to apply.
- d. Required Referrals:
 - i. Contractor shall assist the clients with direct linkage to the appropriate ASAM criteria level of care for services that are not provided through the Residential Treatment provider.
 - ii. Clients shall be referred promptly for medical and/or psychiatric evaluation(s) including clients with Co-Occurring disorders when deemed appropriate by qualified staff. Contractor should have in place a mechanism to guide referrals, ensuring the referral loop is closed and the client is receiving care.
 - iii. Contractor shall act as a community referral resource, referring clients in need directly or by referral process to other services beyond their scope of service; such as, but not limited to; GED classes, higher education, vocational education, job training, resume writing, medical services, dental services, legal services, CalWorks, CalFresh, Medi-Cal, etc., as necessary.
 - iv. Contractor shall initiate collaborative community partnerships and service systems. Contractor will establish procedures that will ensure strong, reliable linkages with other community service providers and service organizations for client support. These collaborative efforts shall be designed to integrate, coordinate and access necessary support services within the community in order to ensure successful client treatment and recovery. These efforts shall help achieve mutual goals espoused by Federal, State, and County systems to integrate services, prevent relapse through the use of community support services, reduce fragmentation of care and establish better communication and collaboration at all levels, but particularly among local providers and agencies who work with this target population.

Effective outreach engages individuals in need of treatment services, making it more likely they will attend treatment,

participate in activities, complete the treatment, and participate in recover support services. Pregnant and parenting women with a SUD are at risk for potential harmful effects to both mother and child. Outreach efforts are especially crucial in educating clients on the harmful effects of drug use and the services available. SUD treatment providers clients using injection drugs must use the following research-based outreach efforts:

- 1) Select, train, and supervisor outreach workers;
- 2) Contact, communicate, and follow-up with high risk individuals with SUDs, their associates, and neighborhood residents, within the Federal and State confidentiality requirements;
- 3) Promote awareness among clients using injection drugs about the relationship between injection drug use and communicable diseases, such as Human Immunodeficiency Virus (HIV), Hepatitis B, Hepatitis C, and Tuberculosis (TB); and
- 4) Recommend steps to ensure that HIV transmission does not occur.

e. Written Procedures:

- i. Contractor shall develop and/or maintain a written Personnel Policy and Procedures Manual in accordance with current DBH standards. The written procedures and all updates shall be provided to all employees charging hours to this agreement. The written Personnel Policy and Procedures Manual shall be submitted to DBH upon request. A change to any part of the Personnel Policy and Procedures requires a written change in the manual and submission of all changes to DBH upon request.
- ii. Contractor shall maintain written procedure for their treatment program such as, but not limited to; admission to the appropriate level of care as assessed and based on ASAM criteria, fees assessed, policy on payment schedules, refund policy, actions/conditions/circumstances for client eviction from the program, consequences when a client relapses and consumes alcohol and/or non-health sustaining drugs and conditions under which the agreement may be terminated and the evidence based treatment curriculum.

- iii. Contractor services shall have policies in place for medications, medication management and medication storage.
- f. Quality Management:
 - i. Contractor's organization should have a Quality Management component designed to monitor and improve quality of care. The Quality Management component should monitor services and provide interventions, as needed that are designed to achieve significant improvement in areas of client satisfaction and positive outcomes.
 - ii. Contractor shall have a written Quality Improvement Plan (QIP), which is updated at minimum every two (2) years. The QIP shall clearly define and establish quantitative measures to assess performance and to identify and prioritize area(s) for improvement.
 - 1) The QIP shall include clearly defined goals, objectives, and activities that are client-centered and designed to achieve improvement in the quality of care and positive outcomes for clients being served by the program.
 - 2) Contractor shall provide client satisfaction surveys for clients participating in the program. Results of client satisfaction surveys shall be compiled and analyzed by the Contractor and shall be incorporated and utilized in the QIP.
 - iii. Contractor shall participate in the DBH outcomes program which will include; attending meetings, the development of system-wide outcomes, development of tools utilized to measure outcomes and analysis of quality improvement plans to ensure outcomes are improving client care.

Once DBH system-wide outcomes are developed, quarterly and annual reports will be required and submitted to SUDRS Administration to allow DBH to compile and assess overall system-wide progress towards achieving defined goals, objectives and outcomes.
 - iv. The following are outcomes to be considered for the levels of care:
 - 1) Ensure clients are engaged in the wellness/recovery process within the first 30 days of admission

- 2) Reduced recidivism rate for clients
- 3) Client abstinence from all illicit drugs and alcohol for a measured time period
- 4) Client obtainment of secure and adequate housing upon exit from the program
- 5) Clients remain engaged in meaningful recovery efforts through their treatment program
- 6) Clients' increased understanding of the health benefits of regular attendance at medical/dental appointments as identified by reported attendance at scheduled appointments
- 7) Client's increased understanding and reported/observed use of positive socialization skills
- 8) Client's increased understanding for MAT and its possible benefits
- 9) Stabilization and reduction of mental health symptoms for co-occurring clients
- 10) Clients who have been triggered or have relapsed have realized a decrease in symptoms
- 11) Client's developed skills to deter triggers
- 12) Youth-specific:
 - a) Increased understanding of the detriments of substance use
 - b) Reductions in school related problems
 - c) Reductions in family conflicts
- 13) Perinatal-specific:
 - a) Perinatal Clients increased understanding and reported/observed use of positive parenting skills
 - b) Increased Perinatal Client engagement annually

The Contractor shall work in collaboration with DBH so that Outcomes will be collected, reported and measured. Contractor may wish to use Substance Abuse and Mental Health Services Administration (SAMHSA) developed National Outcome Measures (NOMs). The NOMs are

designed to embody meaningful, real life outcomes for people who are striving to attain and sustain recovery.

- v. Contractor shall submit quarterly written reports regarding outcomes specified in the QIP, objectives of the program, methods employed to resolve problems in achieving stated outcomes and objectives and any program modifications that occurred as a result of outcomes evaluated.

- 1) Quarterly reports - due no later than 30 calendar days after each quarter.

- vi. Perinatal-Specific:

Contractor shall collect data specific to the children of the perinatal women being served in the program. DBH will provide the data collection tool to be utilized, which is due monthly on the 10th of the following month after services are provided. (For example; July 1 – July 31 report is due by no later than August 10th). Data to be collected includes:

- 1) Number of child(ren) screened and assessed as well as their age;
 - 2) Services provided to the child(ren) by the Contractor (direct services) and services provided by referral (indirect services) per child, and per type of service;
 - 3) Physical health referrals provided such as immunization, primary care physician appointments, and dental appointments; and
 - 4) Educational services provided by Contractor (direct services) and services provided by referral (indirect services) per child and per type of service.

- vii. Forensic-Specific:

Contractor shall comply with all local, State, and Federal regulations regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement process, as required by the State and/or DBH. For Mental Health Services Act (MHSA) programs, Contractor agrees to meet the goals and intention of the program as indicated in the related MHSA Component Plan and most recent update. Contractor agrees to provide Adult Forensic Service programs (CHOICE, STAR, CSTAR, DIVERSION, and RISES) with enrollment and completion status of clients. Contractor shall comply with all requests

regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement processes as requested. MHSOAC, DHCS, OSHPD, DBH and other oversight agencies or their representatives have specific accountability and outcome requirements. Timely reporting is essential for meeting those expectations.

g. Staff Requirements and Levels:

- i. Contractor shall administer staff/volunteers/interns and provide management systems and have a written Personnel Policy and Procedures Manual as well as written Co-Occurring Capable Residential treatment, Perinatal Treatment methodology and protocols, Adolescent SUD Best Practices, Withdrawal Management, and Co-Occurring Capable Residential Treatment Services methodology and modality protocols, policies and procedures.

Provide proper notification to DBH when changes in staffing occur.

- ii. Contractor shall recruit, hire, train and maintain diverse staff/volunteers/interns personally and professionally qualified, culturally competent, and appropriately licensed and/or certified for all services rendered, if necessary, and/or required by regulations and/or standards.
- iii. Contractor shall provide staff trained to provide assessment and evaluations, be familiar with and/or trained in ASAM criteria, withdrawal management, referral services, perinatal services and have expertise in crisis intervention, psychosocial assessment, care coordination and treatment planning and co-occurring disorders - if required based on their staff position.
- iv. Contractor shall have a Medical Director who, prior to the delivery of services, has enrolled with DHCS under applicable state regulations and has been screened in accordance with 42 CFR 455.450(a).
- v. All Contractor staff providing counseling services shall be registered and/or certified.
- vi. Contractor shall ensure during the provision of substance use disorder treatment and/or services being rendered, there shall be at least one staff member in the facility who is capable of providing First Aid and/or CPR. (See paragraph

- 2) in section viii below for Withdrawal Management additional staffing and CPR requirements.) Staff providing First Aid and/or CPR shall be qualified by the American Red Cross or other recognized agency. Verification of CPR certification shall be placed in the personnel file.
- vii. Childcare staff shall be certified in infant-child CPR and First Aid to provide coverage for the child care area at all times.
- viii. Contractor shall maintain a staff to client ratio of not more than fifteen (15) clients to one (1) staff member during all hours of operation.
- 1) For Residential Treatment between the hours of 10:00 pm and 10:00 am, a minimum of one (1) awake and alert paid program staff member will be present for every fifteen (15) clients in residence.
 - 2) For Withdrawal Management with fifteen (15) or fewer clients in withdrawal management services, a minimum of one (1) awake and alert paid staff member with a current CPR certificate and current first aid training shall be on duty in the withdrawal management area.
 - 3) For Withdrawal Management with more than fifteen (15) clients, a minimum of two (2) awake and alert paid staff members with current CPR certificate and current first aid training shall be on duty in the withdrawal management area.
- ix. All staff/volunteers/interns providing services where adult clients with child(ren) or youth clients reside shall have the required criminal record review and clearance.
- x. Contractor and designated staff shall attend mandatory trainings annually as identified by DBH-SUDRS.
- xi. Contractor shall maintain records of all trainings Contractor and staff attended and this documentation will become part of the personnel record.
- xii. Contractor shall ensure, at minimum staff conducting assessments shall complete two (2) ASAM e-Training modules:
- 1) ASAM Multidimensional Assessment

- 2) From Assessment to Service Planning and Level of Care

A third module is recommended, but shall not be mandatory:

- 3) Introduction to the ASAM Criteria.

- xiii. Staff/volunteers/interns shall have regular periodic training that covers:

- 1) Emergency Procedures
- 2) Individual and Agency Emergency Preparedness
- 3) Emotional Responses to Emergency
- 4) Utility Shut-Off Procedures
- 5) Fire Suppression and Proper Use of Fire Extinguishers

- xiv. All staff/volunteers/interns shall be trained or shall have experience which provides knowledge of the skills required in the following areas, as appropriate to the job assigned, and as evidenced by safe and effective job performance:

- 1) General knowledge of substance use disorders and the principles of recovery
- 2) Housekeeping and sanitation principles
- 3) Principles of communicable disease prevention and control
- 4) Recognition of early signs of illness and the need for professional assistance
- 5) Availability of community services and resources
- 6) Recognition of individuals under the influence of alcohol and/or drugs
- 7) Principles of nutrition, food preparation, storage, and menu planning
- 8) Utilization of evidence-based practices

- xv. All licensed, certified, or registered counseling staff, if applicable, shall enter their registration or certification information in the DBH Staff Master which is accessible at: <http://www.sbcounty.gov/dbh/Staffmaster%20Worksheet/Default.aspx>, and shall update registration or certification via the DBH Staff Master Update at: <http://www.sbcounty.gov/dbh/Staffmaster/Default.aspx>.

- xvi. Contractor shall maintain a drug-free work environment. Staff/volunteers/interns shall be drug tested prior to hire. Drug test results shall be negative for illegal drug use. Results shall be maintained in the personnel file. Selected Contractor shall include a signed release by the staff member/volunteer/intern, per the Health Insurance Portability and Accountability Act (HIPAA) that allows for drug testing information to be kept in the personnel file. All staff/volunteers shall be in good health:

As defined by and verified as indicated in the California Code of Regulations (CCR), Title 9, Division 4, Chapter 5 guidelines – Section 10564.
- xvii. Treatment clients shall not be used as substitutes for required staff but shall be permitted to participate in duties and tasks as a voluntary part of their program activities.
- xviii. In order to effectively serve San Bernardino County clients, Selected Contractor shall have the ability to address the most recent threshold languages of the County, whether by implementation of best practice, by having bilingual staff, or as a secondary process by utilizing formal interpreter services. San Bernardino County threshold languages: Spanish, Mandarin, and Vietnamese.
- xix. Contractor shall have the ability to refer other Limited English Proficiency (LEP) clients to appropriate providers in the area.
- xx. Contractor shall develop, maintain and implement an ongoing training program which shall include but not be limited to participation in County sponsored and other cultural competency training for all staff/volunteers/interns in addition to specific training related to their duties or required for their professional license or certification. Staff/volunteer/intern participation in all trainings shall be documented and kept in the personnel file for three (3) years.
- xxi. Contractor shall have a separate and appropriate written policy and procedures section regarding the utilization of volunteers/interns in the services provided and standards they must follow and this shall be incorporated into the written Personnel Policy and Procedures Manual.
- xxii. The written Personnel Policy and Procedures Manual shall contain the following for all staff/volunteers/interns, at minimum:

- 1) Recruitment Procedures
 - 2) Screening and Selection Procedures
 - 3) Training and Orientation Process
 - 4) Personnel File Documentation Requirements
 - 5) Duties and Assignments (Job Description)
 - 6) Supervision and Evaluation Responsibilities
 - 7) Protection of Confidentiality Procedures.
- xxiii. Contractor shall maintain complete personnel files for all staff/volunteers/interns.
- xxiv. Personnel files contain confidential information and shall be stored appropriately. They shall be made available to DHCS or applicable state agency(ies) and DBH staff in any review and/or audit.
- h. Co-Occurring Capable Residential Treatment and Withdrawal Management Services Methodology
- i. The methodology employed by the Contractor shall be approved by DBH.
 - ii. All Co-Occurring Capable Residential Treatment and/or Withdrawal Management services shall obtain prior authorization from DBH.
 - iii. Contractor will implement at least two of the following Evidence Based Practices' (EBP's). The two EBPs are per Contractor per service modality. DBH will ensure the Contractor have implemented EBPs. Contractor will ensure staff are trained regularly on EBPs implemented within the program.

EBPs are to be provided appropriately based on age and population.
- 1) Motivational Interviewing (this EBP is required for all Selected Contractor by DBH): A client-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.
 - 2) Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are

learned and that new ways of reacting and behaving can be learned.

- 3) Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.
 - 4) Trauma-Informed Treatment: Services shall consider an understanding of trauma, and place priority on trauma survivors' safety, choice and control.
 - 5) Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to beneficiaries' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.
- iv. Contractor shall identify the evidence-based curriculum to be utilized for all substance use disorder education services, and in what other languages this curriculum will be offered. Curriculum should state the number of weeks required to obtain successful completion of the defined treatment program.
 - v. Contractor is required to either offer Medications for Addiction Treatment (MAT) directly or have effective referral mechanisms in place to clinically appropriate MAT services; defined as facilitating access to MAT off-site for beneficiaries while they are receiving residential treatment services if not provided on-site. Providing the client only with contact information for MAT services is insufficient.
 - vi. Medications for Addiction Treatment (MAT) shall be prescribed by a physician and/or psychiatrist and deemed medically necessary. FDA approved medication for substance use disorders and/or co-occurring treatment

currently covered under the formulary for pharmacy benefit shall be utilized. Clients receiving MAT and/or psychotropic medications shall receive at least two counseling sessions with a therapist or counselor every thirty (30) day period or less if deemed medically necessary by the Medical Director.

- vii. Contractor shall have properly organized medication storage and delivery of medications to clients. Medication delivery procedures must include practices of receiving medications, logging medications and tracking accessibility of medications to clients. Medication sheets must be maintained on each client. There must be a method of documentation of a client's refusal to take medications. Appropriate staff must be notified of medication refusal.
- viii. Contractor shall refer clients promptly for medical or psychiatric evaluation when deemed appropriate by staff.
- ix. Contractor shall refer clients to DBH for care coordination services to address barriers identified at initial assessment which may inhibit clients' ability to maintain abstinence upon completion of their treatment program requirements, such as housing, employment, financial, and social supports.
- x. Contractor shall introduce, encourage and afford clients every opportunity to participate in self-help recovery groups, 12-Step programs such as Narcotics Anonymous and Alcohol Anonymous, etc.
- xi. Clients shall be provided the opportunity for participation in planned recreational activities on a voluntary basis.
- xii. Each client will be provided a copy of the Contractor's Code of Conduct and it shall be displayed in an area accessible and conspicuous to all clients and staff.
- xiii. Contractor will collaborate with other stakeholders involved with the client's recovery. A completed release of information for each stakeholder, signed by the client, shall be kept in the client's file.
- xiv. Staff shall meet with each client to develop and complete a discharge/exit plan for each client before active program participation is concluded and prior to approved discharge. The plan will be individualized for each client that shall assist the client in maintaining their recovery. The continuing recovery or treatment discharge/exit plan shall be inclusive of the goals identified in the problem list and shall include

referrals to another level of care and linkage to appropriate resources (e.g., social services, education, vocational rehabilitation, and others.)

- i. Residential Treatment and Withdrawal Management (Modality)
 - i. Qualified staff shall conduct a biopsychosocial assessment to identify problem areas associated with the client's substance use disorder and/or co-occurring disorder by using ASAM criteria to determine the appropriate level of care. The biopsychosocial assessment shall contain questions regarding the use of alcohol and other drugs, medical conditions and complications, and a history of Delirium Tremens (DT's), alcoholic seizures and convulsions.
 - ii. Medical necessity determination shall include the review of a physical examination completed within twelve (12) months prior to admission to treatment. If a physical examination is not available, the client shall be directed to receive a physical examination at the earliest time possible. Efforts to motivate the client to receive a physical examination must be clearly documented on the client's progress notes.

In the case of pregnant women, the Contractor must obtain medical documentation substantiating the pregnancy.
 - iii. All Residential Treatment services shall receive prior-authorization by the County.
 - iv. Once a client has been assessed and screened and it is determined the client is in need of Withdrawal Management and/or Residential Treatment and the Program is currently at maximum capacity and not able to admit the client:
 - 1) Any client meeting defined priority population factors shall be offered alternative treatment services within 72 hours of contact, either with the Contractor or other treatment services provided through the Counties coordinated network of care, until such time as a spot is available for Residential Treatment and/or Withdrawal Management.
 - 2) Contractor shall communicate with other community-based organizations offering Residential Treatment and/or Withdrawal Management when clients seeking their services may require another location for a myriad of reasons to receive Residential Treatment

and/or Withdrawal Management in which case the Contractor shall facilitate a referral for the client.

- v. The most recent version of DHCS Patient Health Questionnaire (DHCS 5103) shall be completed, signed and placed in the client's file for all Residential Treatment and Withdrawal Management clients prior to assessment/admission.
- vi. Qualified staff shall review each completed DHCS Patient Health Questionnaire (DHCS 5103).
- vii. Contractor shall follow the guidelines for interim services as defined in regulation 45 CFR 96.126: any client who requests and is in need of treatment for intravenous drug use is admitted to a program of such treatment no later than:
 - 1) Fourteen (14) days after making the request for admission to such a program; or
 - 2) One hundred twenty (120) days after such a request, if no such program has the capacity to admit the client on the date of such a request and if interim services, including referral for prenatal care, are made available to the client no later than forty-eight (48) hours after such request.
- viii. Perinatal-specific:

Perinatal Residential Treatment methodology employed by the program shall be evidence-based and approved by the DBH Director (or designee). Any deviations from these service provisions require the prior approval of the DBH Director (or designee).
- j. Withdrawal Management

Contractor shall include requirements listed in Residential Treatment and Withdrawal Management (Modality) Section along with the following, at minimum:

 - i. Qualified staff shall conduct a biopsychosocial assessment to identify problem areas associated with the client's substance use disorder and by using ASAM criteria to determine the appropriate level of care.
 - ii. For Withdrawal Management, once the Patient Health Questionnaire (DHCS 5103) has been reviewed by qualified staff and it is determined the client should be sent to obtain a

medical and/or psychiatric clearance from a licensed Medical or Behavioral Health Provider prior to being admitted the Selected Contractor shall utilize the Medical/Psychiatric Clearance (DBH-SUDRS Form).

- iii. Each client in Withdrawal Management shall be checked by staff for breathing by face-to-face physical observation at a minimum, every thirty (30) minutes.
- iv. Close observations of Withdrawal Management clients shall continue as long as warranted and documentation of observations and physical checks shall be recorded in a systematic manner in the client's clinical record.
- v. Throughout the Withdrawal Management episode, appropriate problem lists shall be developed for the continuity of post-withdrawal management. The Contractor shall re-assess the client to determine the next appropriate least restrictive level of treatment for the client based on the ASAM criteria [for example: Withdrawal Management to Residential Treatment or Withdrawal Management to Intensive Outpatient Treatment (IOT) or Outpatient Treatment].

k. Residential Treatment

Contractor shall include requirements listed in Residential Treatment and Withdrawal Management Section along with the following, at minimum:

- i. Drug Medi-Cal Residential Treatment clients shall meet medical necessity based on ASAM criteria for Residential Treatment for Residential Treatment, a clearance utilizing the Medical/Psychiatric Clearance (DBH-SUDRS Form) shall be obtained if the client is sent to a licensed Medical or Behavioral Health Provider prior to admission.
- ii. Each client shall have a written problem list in development within ten (10) days of the client's admission to treatment. The problem list will be individualized and culturally appropriate to help the client address problem areas associated with substance use disorders and/or mental health disorder for co-occurring clients. The problem list shall include, but not be limited to: goals to be reached which address each problem area, action steps to be taken by the Program and/or client to accomplish identified goals, target dates for accomplishment of action steps and goals, descriptions of services; recovery

- group counseling, individual counseling and random and observed drug testing and the frequency of each service.
- iii. Staff shall review the client's problem list and document progress in the client's progress notes.
 - iv. Staff shall update a client's problem list on an ongoing basis to reflect the current presentation of the client.
 - v. Staff and client shall review and update the problem list when a change in problem identification or focus of recovery or treatment occurs.
 - vi. Contractor counselor shall record a progress note for each client at every service, at a minimum, once per day. The signature shall be adjacent to the typed or legibly printed name. The progress note is an individual narrative summary and shall include:
 - 1) The type of service rendered.
 - 2) A narrative describing the service, including how the service addressed the client's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).
 - 3) The date that the service was provided to the client.
 - 4) Duration of the service, including travel and documentation time.
 - 5) Location of the client at the time of receiving the service.
 - 6) A typed or legibly printed name, signature of the service provider and date of signature.
 - 7) Next steps including, but not limited to, planned action steps by the provider or by the client, collaboration with the client, collaboration with other provider(s) and any update to the problem list as appropriate.
 - vii. Residential Treatment clients shall participate in mandatory random and observed drug screening, a minimum of two (2) times per month and can be more frequent, if therapeutically deemed necessary.
 - viii. Residential Treatment clients shall be tested for tuberculosis under licensed medical supervision within six (6) months prior to or thirty (30) days after admission.

- 1) Residents with a known record of tuberculosis or record of positive testing shall not be required to be retested if a physician verifies the individual has been under regular care and monitoring for tuberculosis.
- ix. Contractor shall coordinate successfully with DBH-SUDRS program staff and other necessary County departments to remain informed about all California DHCS requirements and changes related to Residential (including Perinatal) services. It is the responsibility of the Contractor to keep apprised of such information.
- x. Contractor shall engage in outreach activities to collaborate with appropriate agencies and organizations throughout the community in order to increase access and utilization of all services. Outreach materials developed by the Contractor should indicate priority population and publicize the preference in admitting pregnant women.
- xi. Level of Treatment Services:
 - 1) Residential Treatment Level 3.1 – a minimum of five (5) hours per week of individual or group sessions and/or structured therapeutic activities designed to meet the treatment goals and objectives of the client. Clinical services are defined as:
 - a) Assessment
 - b) Care Coordination
 - c) Counseling (individual and group)
 - d) Family Therapy
 - e) Medication Services
 - f) MAT for OUD
 - g) MAT for AUD and other non-opioid SUDs
 - h) Client Education
 - i) Recovery Services
 - j) Crisis Intervention Services

Clinical hour computation will begin at 12:00 A.M. Sunday and end at 11:59 P.M. the following Saturday (one calendar week). If weekly service hours minimum is not met due to client admission or discharge in the

middle of the week, the provider days of services that week will be reimbursed.

- 2) Residential Treatment Level 3.3 – includes:
 - a) Daily clinical services to improve client's ability to structure and organize adult daily living tasks and succeed in productive daily activities such as work or school.
 - b) Clinical programming to stabilize client's addiction symptoms and develop recovery skills; may include a range of cognitive and/or behavioral therapies.

Duration varies with severity of the individual's illness and the response to treatment.

- 3) Residential Treatment Level 3.5 - a minimum of twenty (20) hours per week of individual or group sessions and/or structured therapeutic activities shall be provided for each client in accordance with the client's problem list. Of these minimum twenty (20) hours, ten (10) hours, at minimum, are required to be clinical services designed to meet the treatment goals and objectives of the client. Clinical services are defined as:
 - a) Assessment
 - b) Care Coordination
 - c) Counseling (individual and group)
 - d) Family Therapy
 - e) Medication Services
 - f) MAT for OUD
 - g) MAT for AUD and other non-opioid SUDs
 - h) Patient Education
 - i) Recovery Services
 - j) Crisis Intervention Services

Clinical hour computation will begin at 12:00 A.M. Sunday and end at 11:59 P.M. the following Saturday (one calendar week). If weekly service minimum hours are not met due to client admission or discharge in the

middle of the week, the provider days of services that week will be reimbursed.

“Experimental” and invasive practices are prohibited and will not be funded.

I. Recovery Services

Contractor has the option to include the following along with the requirements listed in the Residential Treatment and Withdrawal Management Section:

- i. Outpatient counseling services in the form of individual or group counseling to stabilize the client and then reassess if the client needs further care.
- ii. Recovery Monitoring: Recovery coaching, monitoring via telephone and internet.
- iii. Substance Abuse Assistance: Peer-to-peer services and relapse prevention.
- iv. Education and Job Skills: Linkages to life skills, employment services, job training, and education services.
- v. Family Support: Linkages to childcare, parent education, child development support services, family/marriage education.
- vi. Support Groups: Linkages to self-help and support, spiritual and faith-based support.
- vii. Ancillary Services: Linkages to housing assistance, transportation, care coordination, individual services coordination.
- viii. Contractor agrees to utilize recovery services when the client is triggered, when the client has relapsed, or simply as a preventative measure to prevent relapse. As part of the assessment and treatment needs of Dimension 6, Recovery Environment of the ASAM Criteria and during the transfer/transition planning process, Contractor shall provide beneficiaries with recovery services.
- ix. Additionally, Contractor may:
 - 1) Provide recovery services to beneficiaries as medically necessary.
 - 2) Provide beneficiaries with access to recovery services after completing their course of treatment.

- 3) Provide recovery services either face-to-face, by telephone, or by telehealth, and in any appropriate setting in the community with the client.

H. ADMINISTRATIVE REQUIREMENTS:

1. Contractor must maintain adequate files and records and meet statistical reporting requirements.
2. Contractor must have the administrative and fiscal capability to provide and manage the services and to ensure an adequate audit trail.

J. PROGRAM CONSIDERATION

1. Information Technology and Data Reporting:
 - a. Contractor shall maintain technology that facilitates the collection, maintenance and reporting of data necessary to comply with DBH's data requirements. The computer-based data collection, maintenance and reporting systems shall comply with current County and State standards.
 - b. Contractor shall maintain at least one (1) computer with Internet capability. Data and related required reports and forms shall be submitted electronically to SUDRS.
 - c. Contractor shall maintain the capability of transmitting and receiving information through electronic mail (e-mail) which has encryption capabilities.
2. Audits or Reviews:
 - a. Contractor shall conduct internal reviews and evaluations at least once every fiscal year. Results of the review and any plans for correction shall be available for review by DBH.
 - b. Contractor shall give their full cooperation in any auditing or reviews conducted by any authorized agency(ies), and/or DBH Staff. DBH shall perform reviews at their discretion which may include but not be limited to:
 - i. Formal Annual Reviews
 - ii. Medication Safety Monitoring
 - iii. Bi-Annual Formal Reviews
 - iv. Quality Assurance Reviews
 - v. Site Reviews
 - vi. Direct Service Observation
 - vii. Quarterly Follow-Up Reviews
 - viii. Technical Assistance

- c. Contractor shall not exceed the funding level in the contract. The level of funding shall be based on costs related to estimates of client populations to be served.

K. SERVICE COORDINATION AND QUALITY ASSURANCE

DBH-SUDRS Administration shall monitor the progress and quality of care afforded each individual client through a quality improvement process in addition to an analysis of other client information made available through the computerized management information system. Contractor shall ensure that each client receives service at the appropriate ASAM Criteria level of care as determined by the comprehensive biopsychosocial assessment and continued evaluation of the individual client's needs. Contractor may appeal any recommended level of care through DBH-SUDRS Administration.

---END OF ADDENDUM---

I. PROGRAM MI LIEU	Dual Diagnosis Enhanced (DDE)
IA. Routine expectation of and welcome to treatment for both disorders.	Clinicians and program expect and treat both disorders, well documented.
IB. Display and distribution of literature and patient educational materials.	Available for the interaction between both mental health and substance use disorders.
II. CLINICAL PROCESS: ASSESSMENT	DDE
IIA. Routine screening methods for psychiatric symptoms.	Standardized or formal instruments for both mental health and substance use disorders with established psychometric properties.
IIB. Psychiatric and substance use diagnosis made and documented.	Standard & routine mental health diagnosis consistency made.
IIC. Psychiatric and substance use history reflected in medical record.	Specific section in record devoted to history and chronology of course of both disorders and the interaction between them is examined temporarily.
IID. Program acceptance based on psychiatric symptom acuity: low, moderate, high.	Admits person in program with moderate to high severity, including those unstable in their psychiatric condition.
IIE. Program acceptance based on severity of persistence and disability: low, moderate, high.	Admits person in program with moderate to high severity
IIF. Stage-wise assessment.	Formal measure used and routinely documented, focus on both substance use and mental health motivation.
III. CLINICAL PROCESS: TREATMENT	DDE
IIIA. Specialized interventions with mental health content.	Routine Mental Health (MH) symptom management groups; individual therapies focused on specific disorders; Systematic adaptation of an evidence-based addiction treatment (e.g. Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Twelve-Step Facilitation (TSF)).
IIIB. Education about psychiatric disorder & its treatment and interaction with substance use & its treatment.	Present specific content for specific disorder co-morbidities and delivered individual and/or group formats.
IIIC. Family education and support.	Routine and systematic co-occurring disorder family group integrated into standard program format. Accessed by the majority of families with co-occurring disorder family member.
IIID. Specialized interventions to facilitate use of peer support groups in planning or during treatment.	Routine and specific to need of co-occurring persons, special programs on site, routinely targeted to specific issues, either to traditional peer support groups or those specific to both (e.g. Dual Recovery Anonymous (DRA)).

IIIE. Availability of peer recovery supports for patients with CODs.	Present, on site, facilitated and integrated into program (e.g. alumni groups); Routinely used and documented with co-occurring focus.
IV. CONTINUITY OF CARE	DDE
IVA. Co-occurring disorder addressed in discharge planning process.	Both disorders seen as primary, and plans made and insured, on site, or by arrangement – off site, at least 80% of the time.
IVB. Capacity to maintain treatment continuity.	Formal protocol to manage mental health needs indefinitely and consistent documented evidence that is routinely practiced, typically within the same program or agency.
IVC. Focus on ongoing recovery issues for both disorders.	Routine focus on addiction recovery and mental health illness management and recovery, both seen as primary and ongoing.
IVD. Facilitation of peer support groups for co-occurring disorders is documented and a focus in discharge planning and connections are insured to community peer recovery support groups.	Yes, routine and systematic, at least 80% of the time with focus on co-occurring disorders peer support community connection (engagement in meetings or functions off-site)
IVE. Sufficient supply and compliance plan medication is documented.	Maintains medication management program with provider.
V. STAFFING	DDE
VA. On site clinical staff members with mental health licensure (doctoral or masters level), or competency.	50% or more clinical staff members.
VB. Access to mental health supervision or consultation.	Yes, on site, documented regular supervision sessions for clinical matters.
VC. Case review, staffing or utilization review procedures emphasized and support co-occurring disorder treatment.	Yes, documented, routine and systematic coverage of co-occurring issues
VD. Peer/Alumni supports are available with co-occurring disorders.	Present, on site, either as paid staff, volunteers, or routinely available program “alumni”.
VI. TRAINING	DDE
VIA. Direct care staff members have basic training in prevalence, common signs & symptoms, screening and assessment for psychiatrist symptoms and disorders.	Trained in these skills per agency strategic training plan, and also have staff with advanced training in specialized treatment approaches as part of plan.
VIB. Direct care staff members are cross-trained in mental and substance use disorders, including pharmacotherapies, and have advanced specialized training in treatment of persons with co-occurring disorders.	At least 90% are trained.



NOTICE OF PERSONAL RIGHTS

In accordance with the Department of Health Care Service (DHCS) Alcohol And/ Or Other Drug Program Certification Standards, Title 9, Chapter 4, § 10569, of the California Code of Regulations, and the DHCS Adolescent Substance Use Disorder Best Practices Guide each person receiving services from a Substance Use Disorder treatment program shall have rights, which include, but are not limited to the following:

The Right:

- To confidentiality as provided for in HIPAA and Title 42, Code of Federal Regulations, Part 2;
- To be accorded dignity in contact with staff, volunteers, board members, and other individuals/persons;
- To be accorded safe, healthful and comfortable accommodations to meet their needs;
- To be free from verbal, emotional, or physical abuse, and/or inappropriate sexual behavior;
- To be informed by the program of the procedures to file a grievance and/or appeal, including but not limited to, the address and telephone number of the Department of Health Care Services;
- To be free from discrimination based on any protected class under Federal or State law, including 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, or ability to pay;
- To be accorded access to his/her file;
- To take medications prescribed by a licensed medical professional for medical, mental health, or substance use disorders.
- Be free to attend religious services or activities of his/her choice and to have visits from a spiritual advisor provided that these services or activities do not conflict with program requirements. Participation in religious services is voluntary;
- Be referred to another program should they object to the religious nature of any program in accordance with Title 42, Part 54;
- Receive information on available treatment options and alternatives, presented in a manner appropriate to their condition and ability to understand;
- Participate in decisions regarding their health care, including the right to refuse treatment and to express preferences about future treatment decisions;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, and
- Exercise their rights, and that the exercise of those rights does not adversely affect the way they are treated.

In addition to the rights listed above, adolescents and caregivers also have the right to:

- All information pertaining to the adolescent's rights, responsibilities, and grievance procedures should be delivered in a culturally, linguistically, developmentally, age, and literacy-appropriate manner, with interpretation assistance provided as needed;
- The program's rules and rights should be posted visibly at the program site, and a copy will be given to adolescents and their families;
- Any rules, consequences, or disciplinary actions should be clearly stated, developmentally appropriate, nonviolent, non-aversive, and free from practices of seclusion and restraint;
- All adolescents and families provided services should be given a written confidentiality notice with their signature to indicate its receipt;
- The adolescent and family will be notified about mandatory reporting of child or elder abuse and the procedures required;

- The provider's staff should be trained on program rules, policies, and procedures pertaining to rights, complaints, grievance procedures, and legal issues (e.g., juvenile justice, child welfare) and maintain documentation thereof;
- Relationships between adolescents and providers' staff should be free from corporal or unusual punishment, exploitation, prejudice, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, sexual harassment, mental abuse, or other actions of a punitive nature;
- Providers should have a written code of ethics statement that will be signed by each staff member and kept in their personnel files;
- Adolescents have the right to be treated ethically, professionally, and with respect by all staff members, and
- Adolescents and their families will be informed by the provider about how to register complaints or grievances.

NOTICE OF CIVIL RIGHTS

What are civil rights?

Civil rights are personal rights guaranteed and protected by the U.S. Constitution and federal laws enacted by Congress, such as Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title 9, § 10800, of the Americans with Disabilities Act of 1990, and Section 1557 of the Affordable Care Act (ACA1557). Civil rights include protection from unlawful discrimination.

The Health and Human Services (HHS) Office for Civil Rights (OCR) enforces civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and, in some cases, religion by certain health care and human services entities:

- State and local social and health services agencies;
- Clinics, and
- Other entities receiving federal financial assistance from HHS.

Under these laws, all persons in the United States have a right to receive health care and human services in a nondiscriminatory manner. All persons have the right to file a discrimination grievance with the Department of Behavioral Health, DHCS Office of Civil Rights, and the United States Department of Health and Human Services, Office for Civil Rights (OCR). For example, you cannot be denied services or benefits simply because of your race, color, national origin, sex, gender identity, age, disability, or limited English proficiency (LEP).

What can I do if my civil rights have been violated?

If you feel a health care provider, human services agency, or program or activity conducted by HHS has unlawfully discriminated against you (or someone else), you may file an ACA1557 grievance with DBH ACA 1557 Coordinator, or with [OCR](#).

How do I file a civil rights complaint?

By contacting DBH ACA1557 Coordinator or OCR.

OCR complaints may be filed at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

What is the time limit for filing a civil rights complaint?

ACA 1557 Grievances Must submitted to the ACA 1557 Coordinator within thirty (30) days of the date the person filing the grievance becomes aware of the alleged discriminatory action;

OCR Complaints must be filed within 180 days from the date of the alleged discrimination. (The Office for Civil Rights may extend this period if there is good cause.)

Where do I file a civil rights complaint?

You can file your ACA1557 Grievance by completing the approved [ACA 1557 Grievance Form](#) and emailing to aca_1557@dbh.sbcounty.gov, or you can also mail your grievance:

Attn: ACA 1557 Coordinator
303 E. Vanderbilt Way, San Bernardino, CA 92415-0026

If assistance is needed in completing the form, the complainant may also call the ACA 1557 Coordinator at (909) 386-8223 (TTY: 711).

You can file your complaint against an HHS entity via the OCR Complaint Portal, at OCRComplaint@hhs.gov, or you can also mail or fax your complaint:

U.S. Dept. of Health & Human Services
90 7th Street, Suite 4-100, San Francisco, CA 94103
Voice Phone (800) 368-1019, FAX (202) 619-3818, TDD (800) 537-7697

For further information go to:

- U.S Department of Health and Human Services website at: <https://www.hhs.gov/civil-rights>

COMPLAINTS:

The Department of Behavioral Health (DBH) and its contracted providers comply with all State and Federal civil rights laws. DBH investigates complaints/grievances filed by clients receiving Behavioral Health (mental health and/or substance use disorder) services provided by the County or its contracted providers. If you wish to file a complaint or grievance, please contact:

Department of Behavioral Health, ACCESS Unit
303 E. Vanderbilt Way, 3rd Floor, San Bernardino, CA 92418-0026
Phone: (888) 743-1478 or (909) 386-8256, [TDD] 711, Fax: (909) 890-0353

The Department of Health Care Services (DHCS) Substance Use Disorder (SUD) Compliance Division investigates complaints against California's alcohol and other drug (AOD) recovery and treatment programs. The SUD Compliance Division also investigates violations of the code of conduct of registered or certified AOD counselors.

If you wish to file a complaint with DHCS about a licensed, certified AOD drug service provider OR a registered or certified counselor you can do so via mail, fax, or by using the online Complaint Form, at: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints>

You can print the form and mail or fax to:

Department of Health Care Services, Substance Use Disorder Services
P.O. Box 997413, MS# 2601
Sacramento, CA 95899-7413
Or by calling toll free (877) 685-8333
Fax (916) 445-5084
E-mail: sudcomplaints@dhcs.ca.gov

Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities may be made by telephoning the appropriate licensing branch: DHCS - SUD Compliance Division, Public Number: (916) 322-2911, Toll Free Number: (877) 685-8333

For complaints pertaining to the DHCS - Driving Under the Influence (DUI) Program complete the online Complaint Form at: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>. You may contact the DUI Program Branch directly, Public Number: (916) 322-2964, FAX Number: (916) 440-5229

For complaints pertaining to a Narcotic Treatment Program (NTP) complete the online Complaint Form at: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>. You may contact the NTP Branch: Public Number: (916) 322-6682, Fax Number: (916) 440-5230

CLIENT CERTIFICATION

I have been provided information regarding my personal/civil rights and how I can file a complaint/grievance with any of the following organizations if I feel any of my rights have been violated:

- The Department of Behavioral Health (DBH)
- The Department of Health Care Services (DHCS)
- U.S Department of Health and Human Services (for civil rights complaints) (HHS-OCR)

I have been informed that I can ask for additional information or assistance in filing a complaint/grievance at any time.

Print Client Name

Client Signature

Date



行为健康部

658 E. Brier Suite 250, San Bernardino, CA | 电话: 909 501-0728 • 传真: 909 501-0831

www.SBCounty.gov

个人权利通知

根据卫生保健服务部 (DHCS) 酒精和/或其他药物计划认证标准, 《加州法规》第 9 篇第 4 章第 10569 节, 以及《DHCS 青少年物质使用障碍最佳实践指南》, 每个接受物质使用障碍治疗计划服务的人都应享有以下权利, 包括但不限于:

权利:

- 健康保险流通与责任法案 (HIPAA) 和《联邦法规》第 42 篇第 2 部分规定的保密权;
- 在与工作人员、志愿者、董事会成员和其他个人/人士接触时享有尊严的权利;
- 获得满足其需求的安全、健康和舒适特殊照顾的权利;
- 免受口头、情感或身体虐待和/或不当性行为的权利;
- 有权通过程序了解提出申诉和/或上诉的程序, 包括但不限于卫生保健服务部的地址和电话号码;
- 不受联邦或州法律规定的任何受保护阶层歧视的权利, 包括性别、种族、肤色、宗教、血统、国籍、族群认同、年龄、心理残疾、生理残疾、医疗状况、基因信息、婚姻状况、性别、性别认同或性取向或支付能力;
- 有权访问他/她的文件;
- 有权服用有执照的医疗专业人员针对医疗、心理健康或物质使用障碍开出的药物。
- 有权自由参加他/她选择的宗教服务或活动, 并获得心理顾问的就诊, 前提是这些服务或活动不与计划要求冲突。宗教仪式为自愿参加;
- 根据第 42 篇第 54 部分, 如果其反对任何计划的宗教性质, 他们有权被转介至另一个计划;
- 有权获得有关可用治疗方案和替代方案的信息, 这些信息以适合其状况和理解能力的方式呈现;
- 参与有关其医疗保健的决定的权利, 包括拒绝治疗和表达对日后治疗决定的偏好的权利;
- 有权不受作为胁迫、惩戒、便利或报复手段的任何形式的约束或隔离, 以及
- 有权行使他们的权利, 行使这些权利不会对他们的待遇产生不利影响。

除上述权利外, 青少年和看护人还有权:

- 所有与青少年权利、责任和申诉程序有关的信息都应以文化、语言、发育、年龄和读写能力相适应的方式提供, 并根据需要提供口译协助;
- 计划的规则和权利应张贴在计划现场的醒目位置, 并发放副本给青少年及其家人;
- 任何规则、后果或纪律处分都应明确说明, 以适合发展、非暴力、非厌恶的方式, 并且不存在隔离和约束的做法;
- 所有获得服务的青少年和家庭都应收到一份书面保密通知, 并由他们签名以表明已收到;
- 将通知青少年和家庭关于虐待儿童或老人的强制报告以及所需的程序;
- 提供者的员工应接受有关权利、投诉、申诉程序和法律问题 (例如, 少年司法、儿童福利) 的计划规则、政策和程序的培训, 并存档相关文件;
- 青少年与提供者工作人员之间的关系不应存在体罚或不寻常的惩罚、剥削、偏见、施加痛苦、羞辱、恐吓、嘲笑、胁迫、威胁、性骚扰、精神虐待或其他惩罚行为;
- 提供者应有一份书面的道德规范声明, 由每位员工签名并保存在他们的人事档案中;
- 青少年有权受到所有工作人员的符合道德、专业和尊重的对待
- 提供者将告知青少年及其家人如何登记投诉或申诉。

公民权利通知

什么是公民权利？

公民权利是美国宪法和国会制定的联邦法律保障和保护的个人权利，例如 1964 年《民权法案》第六篇、1973 年《康复法案》第 504 节、1990 年《美国残疾人法案》第 9 篇第 10800 节以及《平价医疗法案》(ACA1557) 第 1557 节。

卫生与公众服务部 (HHS) 民权办公室 (OCR) 执行民权法，禁止某些医疗保健和公共服务实体基于种族、肤色、国籍、残疾、年龄、性别以及在某些情况下基于宗教的歧视的法律：

- 州和地方社会 and 卫生服务机构；
- 诊所，和
- 从 HHS 获得联邦财政援助的其他实体。

根据这些法律，美国的所有人都享有以非歧视的方式获得医疗保健和公共服务。所有人都享有向行为健康部、DHCS 民权办公室和美国卫生与公众服务部民权办公室 (OCR) 提出歧视申诉。例如，您不能仅因为您的种族、肤色、国籍、性别、性别认同、年龄、残疾或英语水平有限 (LEP) 而被拒绝提供服务或福利。

如果我的公民权利受到侵犯，我该怎么办？

如果您认为卫生与公众服务部 (HHS) 管辖的医疗保健提供者、公共服务机构或计划或活动对您（或其他人）进行非法歧视，您可以向 DBH ACA 1557 协调员或 [OCR](#) 提交 ACA1557 申诉。

我如何提出公民权利投诉？

通过联系 DBH ACA1557 协调员或 OCR。

OCR 投诉可在 https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf 提交

提出公民权利投诉的时限为多久？

ACA 1557 申诉必须在提出申诉之人意识到所谓歧视行为之日起三十 (30) 天内提交给 ACA 1557 协调员；

OCR 投诉必须在涉嫌歧视之日起 180 天内提交。（如果有正当理由，民权办公室可能会延长此期限。）

我在何处提出公民权利投诉？

您可以通过填写批准的 [ACA 1557 申诉表](#) 并通过电子邮件发送至 aca_1557@dbh.sbcounty.gov 来提交您的 ACA1557 申诉，或者您也可以邮寄您的申诉：

收件人：ACA 1557 协调员
303 E. Vanderbilt Way, San Bernardino, CA 92415-0026

如果在填写表格时需要帮助，投诉人也可以致电 (909) 386-8223 (TTY: 711) 与 ACA 1557 协调员联系。

您可以通过 OCR 投诉门户网站 OCRComplaint@hhs.gov 对 HHS 实体提出投诉，或者您也可以邮寄或传真您的投诉：

美国卫生与公众服务部
90 7th Street, Suite 4-100, San Francisco, CA 94103
语音电话 (800) 368-1019, 传真 (202) 619-3818, TDD (800) 537-7697

如需更多信息，请访问：

- 美国卫生与公共服务部网站: <https://www.hhs.gov/civil-rights>

投诉:

行为健康部 (DBH) 及其签约提供者遵守所有州和联邦民权法。针对接受县或其签约提供者提供的行为健康 (心理健康和/或物质使用障碍) 服务的客户提出的投诉/申诉, DBH 对其进行调查。如果您想提出投诉或申诉, 请联系:

行为健康部, 访客单元
303 E. Vanderbilt Way, 3rd Floor, San Bernardino, CA 92418-0026
电话: (888) 743-1478 或 (909) 386-8256, [TDD] 711, 传真: (909) 890-0353

卫生保健服务部 (DHCS) 物质使用障碍 (SUD) 合规部调查针对加州酒精和其他药物 (AOD) 康复和治疗计划的投诉。物质使用障碍 (SUD) 合规部还调查注册或认证加州酒精和其他药物 (AOD) 顾问违反行为守则的行为。

如果您希望向 DHCS 提交有关获得授权、认证的 AOD 药物服务提供者或注册或认证顾问的投诉, 您可以通过邮件、传真或使用在线投诉表进行投诉, 网址为: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints>

您可以打印表格并邮寄或传真至:

卫生保健服务部, 物质使用障碍服务
P.O.Box 997413, MS# 2601
Sacramento, CA 95899-7413
或拨打免费电话 (877) 685-8333
传真 (916) 445-5084
电子邮件: sudcomplaints@dhcs.ca.gov

可致电相应的授权分支机构来投诉住院成人酒精中毒设施或药物滥用康复设施或治疗设施: DHCS——SUD 合规部, 公共号码: (916) 322-2911, 免费电话: (877) 685-8333

对于与 DHCS——酒后驾车 (DUI) 计划有关的投诉, 请填写在线投诉表, 网址为: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>。可直接联系酒后驾车计划分部, 公共号码: (916) 322-2964, 传真号码: (916) 440-5229

对于与麻醉品治疗计划 (NTP) 有关的投诉, 请填写在线投诉表, 网址为: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>。您可以联系 NTP 分部: 公共号码: (916) 322-6682, 传真号码: (916) 440-5230

客户认证

本人已获得有关本人的个人/公民权利的信息, 以及如果本人觉得本人的任何权利受到侵犯, 本人如何向以下任何组织提出投诉/申诉:

- 行为健康部 (DBH)
- 医疗保健服务部 (DHCS)
- 美国卫生与公共服务部 (针对民权投诉) (HHS-OCR)

本人已获悉，本人可以随时要求提供更多信息或获得提出投诉/申诉的协助。

工整的客户姓名	客户签名	日期
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AVISO SOBRE DERECHOS PERSONALES

De acuerdo con las normas de certificación de programas por consumo de alcohol u otras drogas del Departamento de Servicios de Atención Médica (DHCS), Título 9, Capítulo 4, § 10569, del Código de Regulaciones de California, y la Guía de buenas prácticas sobre el trastorno de consumo de sustancias en adolescentes del DHCS, toda persona que recibe servicios de un programa de tratamiento de un trastorno por consumo de sustancias tendrá derechos, que incluyen, entre otros, los siguientes:

Derecho a lo siguiente:

- La confidencialidad según lo que se dispone en la Ley de Responsabilidad y Portabilidad del Seguro de Salud (HIPAA) y el Título 42 del Código de Regulaciones Federales, Parte 2.
- Ser tratado con dignidad en el contacto con el personal, los voluntarios, los miembros de la junta profesional y otros individuos/personas.
- Recibir un alojamiento seguro, saludable y cómodo que cumpla sus necesidades.
- No ser víctima de abuso verbal, emocional o físico, ni de comportamientos sexuales inapropiados.
- Ser informado por el programa sobre los procedimientos para presentar un reclamo formal o apelación, incluidos, entre otros, la dirección y el número de teléfono del Departamento de Servicios de Atención Médica.
- No ser discriminado por ninguna clase protegida en virtud de la ley federal o estatal, incluidos sexo, raza, color, religión, ascendencia, nacionalidad, identificación de grupo étnico, edad, discapacidad mental, discapacidad física, afección médica, información genética, estado civil, género, identidad de género u orientación sexual, o capacidad de pago.
- Recibir acceso a su expediente.
- Acceder a medicamentos recetados por un profesional médico con licencia por trastornos médicos, de salud mental o por consumo de sustancias.
- Tener la libertad de asistir a servicios religiosos o actividades de su elección y tener visitas de un orientador espiritual, siempre que estos servicios o actividades no entren en conflicto con los requisitos del programa. La participación en los servicios religiosos es voluntaria.
- Ser remitido a otro programa si se opone a la naturaleza religiosa de algún programa de conformidad con el Título 42, Parte 54.
- Recibir información sobre las opciones y alternativas de tratamiento disponibles, presentadas de una manera apropiada para su condición y su capacidad de entendimiento.
- Participar en las decisiones sobre su atención médica, incluido el derecho a negarse a recibir tratamiento y a expresar sus preferencias sobre las decisiones de tratamiento en el futuro.
- Estar libre de cualquier forma de restricción o aislamiento que se utilice como medio de coerción, disciplina, conveniencia o represalia.
- Ejercer sus derechos, y que el ejercicio de esos derechos no afecte de manera negativa la manera en que se lo trata.

Además de los derechos que se presentan arriba, los adolescentes y los cuidadores también tienen derecho a lo siguiente:

- Toda la información con respecto a los derechos y las obligaciones del adolescente y los procedimientos de reclamo formal debe presentarse de una manera apropiada para su cultura, lengua, desarrollo, edad y alfabetización, y se debe prestar ayuda para su interpretación si es necesario.
- Las normas y los derechos del programa deben publicarse de manera visible en el sitio del programa, y se dará una copia a los adolescentes y sus familias.

- Toda norma, consecuencia o medida disciplinaria debe estar claramente indicada, ser apropiada conforme al desarrollo, no debe ser violenta ni producir aversión, y debe estar libre de prácticas de aislamiento y restricción.
- Todos los adolescentes y las familias que reciban servicios deberán recibir un aviso de confidencialidad por escrito, que debe tener su firma para indicar que lo han recibido.
- Se le notificará al adolescente y a su familia sobre la presentación obligatoria de informes de abuso de menores o de adultos mayores, y los procedimientos requeridos.
- El personal del proveedor debe recibir capacitación sobre las normas, las políticas y los procedimientos del programa con respecto a los derechos, las quejas, los procedimientos de reclamo formal y los asuntos legales (por ejemplo, la justicia para menores y la asistencia para menores), y mantener la documentación sobre todos ellos.
- Los vínculos entre los adolescentes y el personal del proveedor deben estar libres de castigos corporales o inusuales, explotación, prejuicio, imposición de dolor, humillación, intimidación, ridículo, coerción, amenazas, acoso sexual, abuso mental u otras acciones de carácter punitivo.
- Los proveedores deben contar con una declaración por escrito del código de ética que será firmada por cada miembro del personal y se conservará en los expedientes del personal.
- Los adolescentes tienen derecho a ser tratados con ética, profesionalismo y respeto por parte de todos los miembros del personal.
- El proveedor informará a los adolescentes y sus familias sobre cómo registrar quejas o reclamos formales.

AVISO SOBRE DERECHOS CIVILES

¿Qué son los derechos civiles?

Los derechos civiles son derechos personales garantizados y protegidos por la Constitución de los EE. UU. y las leyes federales aprobadas por el Congreso, como el Título VI de la Ley de Derechos Civiles de 1964, la Sección 504 de la Ley de Rehabilitación de 1973, el Título 9, § 10800 de la Ley de Estadounidenses con Discapacidades de 1990 y la Sección 1557 de la Ley de Cuidado de Salud a Bajo Precio (ACA 1557). Los derechos civiles incluyen la protección contra la discriminación ilegal.

La Oficina de Derechos Civiles (OCR) del Departamento de Salud y Servicios Humanos (HHS) hace cumplir las leyes de derechos civiles que prohíben la discriminación por motivos de raza, color, nacionalidad, discapacidad, edad, sexo y, en algunos casos, la religión por parte de ciertas entidades de atención médica y servicios humanos:

- Agencias estatales y locales de servicios sociales y de salud;
- Clínicas, y
- Otras entidades que reciben ayuda económica federal del Departamento de HHS.

En virtud de estas leyes, todas las personas de los Estados Unidos tienen derecho a recibir servicios de atención médica y servicios humanos sin discriminación. Todas las personas tienen derecho a presentar un reclamo formal por discriminación ante el Departamento de Salud del Comportamiento, la Oficina de Derechos Civiles del DHCS y la Oficina de Derechos Civiles (OCR) del Departamento de Salud y Servicios Humanos de los Estados Unidos. Por ejemplo, no se le pueden negar servicios o beneficios simplemente por su raza, color, nacionalidad, sexo, identidad de género, edad, discapacidad o conocimiento limitado del idioma inglés (LEP).

¿Qué puedo hacer si se han violado mis derechos civiles?

Si siente que un proveedor de atención médica, una agencia de servicios humanos o un programa o actividad dirigida por el Departamento de HHS lo ha discriminado de manera ilegítima (a usted o a alguien más), puede presentar un reclamo formal en virtud de la ACA 1557 ante el Coordinador de la ACA 1557 del DBH, o ante la [OCR](#).

¿Cómo presento una queja por derechos civiles?

Comunicándose con el Coordinador de la ACA 1557 del DBH o con la OCR.

Las quejas ante la OCR pueden presentarse en https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

¿Cuál es el tiempo límite para presentar una queja por derechos civiles?

Los reclamos en virtud de la ACA 1557 deben presentarse ante el Coordinador de la ACA 1557 dentro de los treinta (30) días de la fecha en que la persona que presenta el reclamo formal toma conocimiento de la presunta acción discriminatoria.

Las quejas ante la OCR deben presentarse dentro de los 180 días de la fecha de la presunta discriminación. (La Oficina de Derechos Civiles puede ampliar este plazo si existen motivos válidos).

¿Dónde presento una queja por derechos civiles?

Puede presentar su reclamo formal en virtud de la ACA 1557 llenando el [Formulario de reclamo formal en virtud de ACA 1557](#) aprobado y enviándolo por correo electrónico a aca_1557@dbh.sbcounty.gov, o bien puede enviar su reclamo formal por correo:

Attn: ACA 1557 Coordinator
303 E. Vanderbilt Way, San Bernardino, CA 92415-0026

Si se necesita ayuda para llenar el formulario, el reclamante también puede llamar al Coordinador de la ACA 1557 al (909) 386-8223 (TTY: 711).

Puede presentar su queja contra una entidad del Departamento de HHS a través del Portal de Quejas de la OCR, por correo electrónico a OCRComplaint@hhs.gov o bien puede enviar su queja por correo o fax:

U.S. Dept. of Health & Human Services
90 7th Street, Suite 4-100, San Francisco, CA 94103
Teléfono: (800) 368-1019, Fax: (202) 619-3818, TDD: (800) 537-7697

Para obtener más información ingrese al

- sitio web del Departamento de Salud y Servicios Humanos de los Estados Unidos: <https://www.hhs.gov/civil-rights>

QUEJAS:

El Departamento de Salud del Comportamiento (DBH) y sus proveedores contratados cumplen todas las leyes estatales y federales de derechos civiles. El DBH investiga las quejas y reclamos formales que presentan los clientes que recibieron servicios de salud del comportamiento (por trastornos de salud mental o por consumo de sustancias) proporcionados por el condado o sus proveedores contratados. Si desea presentar una queja o reclamo formal, comuníquese con

Department of Behavioral Health, ACCESS Unit (Departamento de Salud del Comportamiento, Unidad de Acceso)
303 E. Vanderbilt Way, 3rd Floor, San Bernardino, CA 92418-0026
Teléfono: (888) 743-1478 o (909) 386-8256, [TDD] 711, Fax: (909) 890-0353

La División de Cumplimiento sobre Trastornos por Consumo de Sustancias (SUD) del Departamento de Servicios de Atención Médica (DHCS) investiga las quejas contra los programas de recuperación y

tratamiento en relación con el alcohol y otras drogas (AOD) de California. La División de Cumplimiento sobre SUD también investiga las infracciones del código de conducta de orientadores sobre AOD registrados o certificados.

Si desea presentar una queja ante el DHCS acerca de un proveedor de servicios sobre AOD con licencia o certificación O un orientador registrado o certificado, puede hacerlo por correo, fax, o usando el Formulario de quejas en línea, disponible en: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints>.

Puede imprimir el formulario y enviarlo por correo o fax a

Department of Health Care Services, Substance Use Disorder Services
P.O. Box 997413, MS# 2601
Sacramento, CA 95899-7413
O llamar a la línea gratuita (877) 685-8333
Fax (916) 445-5084
Correo electrónico: sudcomplaints@dhcs.ca.gov

Las quejas sobre establecimientos residenciales de recuperación o tratamiento para adultos por alcoholismo o abuso de drogas pueden realizarse llamando a la división de licencias correspondiente: DHCS - SUD Compliance Division, Número público: (916) 322-2911, Número gratuito: (877) 685-8333

Para las quejas pertinentes al Programa contra la Conducción Bajo los Efectos del Alcohol o las Drogas (DUI) del DHCS, llene el Formulario de quejas en línea en <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>. Puede comunicarse con la división del Programa contra la DUI de manera directa. Número público: (916) 322-2964, Número de fax: (916) 440-5229

Para las quejas pertinentes al Programa de Tratamiento de Narcóticos (NTP), complete el Formulario de quejas en línea en <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>. Puede comunicarse con la división del NTP: Número público: (916) 322-6682, Número de fax: (916) 440-5230

CERTIFICACIÓN DEL CLIENTE

Se me ha proporcionado información con respecto a mis derechos personales y civiles, y cómo puedo presentar una queja o reclamo formal ante cualquiera de las siguientes organizaciones si siento que se ha violado alguno de mis derechos:

- El Departamento de Salud del Comportamiento (DBH)
- El Departamento de Servicios de Atención Médica (DHCS)
- El Departamento de Salud y Servicios Humanos de los Estados Unidos (para quejas por derechos civiles) (HHS-OCR)

Se me ha informado que puedo pedir más información o ayuda para presentar una queja o reclamo formal en cualquier momento.

Nombre del cliente en letra de imprenta

Firma del cliente

Fecha



Department of Behavioral Health

658 E. Brier Suite 250, San Bernardino, CA | Phone: 909 501-0728 • Fax: 909 501-0831

www.SBCounty.gov

THÔNG BÁO VỀ CÁC QUYỀN CÁ NHÂN

Theo Các Tiêu Chuẩn Chứng Nhận Chương Trình Rượu Và/Hoặc Drogen Chất Khác của Sở Dịch Vụ Chăm Sóc Sức Khỏe (DHCS, Khoản 9, Chương 4, § 10569, của Các Quy Định của California, và Hướng Dẫn Thực Hành Tốt Nhất về Rối Loạn Do Lạm Dụng Drogen Chất Ở Thanh Thiếu Niên của DHCS, mỗi người nhận các dịch vụ từ chương trình điều trị Rối Loạn Do Lạm Dụng Drogen Chất sẽ có các quyền, bao gồm nhưng không giới hạn ở những quyền sau đây:

Quyền:

- Bảo mật thông tin theo quy định trong HIPAA và Khoản 42, Các Quy Định Liên Bang, Phần 2;
- Được nhân viên, các tình nguyện viên, các thành viên hội đồng quản trị, và những người khác tôn trọng nhân phẩm;
- Được cung cấp chỗ ở an toàn, có lợi cho sức khỏe và thoải mái để đáp ứng các nhu cầu của họ;
- Không bị ngược đãi bằng lời, tình cảm, hoặc thân thể, và/hoặc hành vi tình dục không thích hợp;
- Được chương trình thông tin về các thủ tục nộp đơn khiếu nại và/hoặc kháng nghị, bao gồm nhưng không giới hạn ở địa chỉ và số điện thoại của Sở Dịch Vụ Chăm Sóc Sức Khỏe;
- Không bị phân biệt đối xử dựa trên bất kỳ đặc điểm nào được bảo vệ theo luật Liên Bang hoặc Tiểu Bang, bao gồm giới tính, chủng tộc, màu da, tôn giáo, tổ tiên, nguồn gốc quốc gia, nhận dạng nhóm sắc tộc, tuổi tác, khuyết tật tâm thần, khuyết tật thể chất, bệnh trạng, thông tin di truyền, tình trạng hôn nhân, giới tính, bản dạng giới, hoặc thiên hướng tính dục, hoặc khả năng chi trả;
- Được tiếp cận hồ sơ của họ;
- Sử dụng thuốc do một chuyên gia y tế được cấp phép kê toa để điều trị các rối loạn y tế, sức khỏe tâm thần, hoặc do lạm dụng drogen chất.
- Được tự do tham dự các buổi lễ hoặc hoạt động tôn giáo theo lựa chọn của họ và được một cố vấn tâm linh đến thăm với điều kiện là các dịch vụ hoặc hoạt động này không mâu thuẫn với các yêu cầu của chương trình. Việc tham gia các buổi lễ tôn giáo là tự nguyện;
- Được giới thiệu đến một chương trình khác nếu họ phản đối bản chất tôn giáo của bất kỳ chương trình nào theo Khoản 42, Phần 54;
- Nhận thông tin về các phương án điều trị và biện pháp thay thế khả dụng, được trình bày theo cách thích hợp với điều kiện và khả năng hiểu của họ;
- Tham gia các quyết định liên quan đến việc chăm sóc sức khỏe của họ, bao gồm quyền từ chối điều trị và bày tỏ mong muốn về các quyết định điều trị trong tương lai;
- Không bị hạn chế ở bất kỳ hình thức nào không cần thiết về mặt y tế hay bị cô lập được sử dụng làm một phương thức cưỡng ép, kỷ luật, sự thuận tiện cho nhân viên, hay trả đũa, và
- Thực thi các quyền của họ, và việc thực thi các quyền đó không ảnh hưởng xấu đến cách họ được đối xử.

Ngoài các quyền được liệt kê bên trên, thanh thiếu niên và người chăm sóc còn có quyền:

- Tất cả thông tin liên quan đến các quyền, trách nhiệm của thanh thiếu niên, và các thủ tục khiếu nại phải được cung cấp theo cách phù hợp về mặt văn hóa, ngôn ngữ, phát triển, độ tuổi, và khả năng đọc viết, với sự hỗ trợ phiên dịch được cung cấp khi cần thiết;
- Các quy tắc và quyền của chương trình phải được công bố rõ ràng tại địa điểm của chương trình, và một bản sao sẽ được cấp cho thanh thiếu niên và gia đình của họ;
- Bất kỳ quy tắc, hậu quả, hoặc biện pháp kỷ luật nào cũng phải được nêu rõ, phù hợp về mặt phát triển, không mang tính bạo lực, không gây ác cảm, và không có các hành động cô lập và kiểm chế;
- Tất cả thanh thiếu niên và gia đình được cung cấp dịch vụ phải được cung cấp một bản thông báo bảo mật thông tin bằng văn bản có chữ ký của họ để biết đã nhận được thông báo đó;
- Thanh thiếu niên và gia đình sẽ được thông báo về việc báo cáo bắt buộc về hành vi ngược đãi trẻ em hoặc người lớn tuổi và các thủ tục cần thiết;

- Nhân viên của nhà cung cấp dịch vụ phải được đào tạo về các quy tắc, chính sách, và thủ tục của chương trình liên quan đến các quyền, khiếu nại, thủ tục khiếu nại, và các vấn đề pháp lý (ví dụ như tư pháp vị thành niên, phúc lợi trẻ em) và lưu giữ tài liệu về chúng;
- Mọi quan hệ giữa thanh thiếu niên và nhân viên của nhà cung cấp dịch vụ không được có hình phạt thể xác hoặc bất thường, bóc lột, định kiến, gây đau đớn, sỉ nhục, dọa nạt, chế giễu, ép buộc, đe dọa, quấy rối tình dục, lạm dụng tinh thần, hoặc các hành động khác có bản chất trừng phạt;
- Các nhà cung cấp dịch vụ phải có một bản tuyên bố quy tắc đạo đức bằng văn bản sẽ được ký bởi mỗi nhân viên và được lưu trong hồ sơ nhân sự của họ;
- Thanh thiếu niên có quyền được tất cả các nhân viên đối xử có đạo đức, chuyên nghiệp, và tôn trọng, và
- Thanh thiếu niên và gia đình của họ sẽ được nhà cung cấp dịch vụ thông báo về cách nộp đơn khiếu nại.

THÔNG BÁO VỀ DÂN QUYỀN

Dân quyền là gì?

Dân quyền là các quyền cá nhân được bảo đảm và bảo vệ bởi Hiến Pháp Hoa Kỳ và các điều luật liên bang do Quốc Hội ban hành, chẳng hạn như Khoản VI của Đạo Luật Dân Quyền năm 1964, Mục 504 của Đạo Luật Phục Hồi năm 1973, Khoản 9, § 10800, Đạo Luật về Người Mỹ Khuyết Tật năm 1990, và Mục 1557 của Đạo Luật Chăm Sóc Vượt Tội Tiên (ACA1557). Dân quyền bao gồm quyền không bị phân biệt đối xử phi pháp.

Phòng Dân Quyền (OCR) của Bộ Y Tế và Dịch Vụ Nhân Sinh (HHS) thực thi các điều luật về dân quyền cấm phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, tình trạng khuyết tật, tuổi tác, giới tính, và trong một số trường hợp, tôn giáo bởi các tổ chức chăm sóc sức khỏe và dịch vụ nhân sinh nhất định:

- Cơ quan dịch vụ xã hội và y tế của tiểu bang và địa phương;
- Phòng khám, và
- Các tổ chức khác nhận hỗ trợ tài chính liên bang từ HHS.

Theo các điều luật này, tất cả mọi người ở Hoa Kỳ đều có quyền được chăm sóc sức khỏe và nhận các dịch vụ nhân sinh theo cách không phân biệt đối xử. Tất cả mọi người đều có quyền nộp đơn khiếu nại về phân biệt đối xử cho Sở Sức Khỏe Hành Vi, Phòng Dân Quyền của DHCS, và Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ, Phòng Dân Quyền (OCR). Ví dụ, quý vị không thể bị từ chối các dịch vụ hoặc phúc lợi chỉ vì chủng tộc, màu da, nguồn gốc quốc gia, giới tính, bản dạng giới, tuổi tác, khuyết tật, hoặc trình độ tiếng Anh hạn chế (LEP).

Tôi có thể làm gì nếu dân quyền của tôi bị vi phạm?

Nếu quý vị thấy rằng một nhà cung cấp dịch vụ chăm sóc sức khỏe, cơ quan dịch vụ nhân sinh, hoặc chương trình hay hoạt động do HHS thực hiện đã phân biệt đối xử phi pháp đối với quý vị (hoặc một người khác), quý vị có thể nộp đơn khiếu nại ACA1557 cho Điều Phối Viên DBH ACA 1557, hoặc cho [OCR](#).

Tôi có thể nộp khiếu nại về dân quyền bằng cách nào?

Bằng cách liên hệ với Điều Phối Viên DBH ACA1557 hoặc OCR.

Có thể nộp khiếu nại OCR tại https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

Thời hạn nộp đơn khiếu nại về dân quyền là gì?

Khiếu Nại ACA 1557 phải được nộp cho Điều Phối Viên ACA 1557 trong vòng ba mươi (30) ngày kể từ ngày người nộp đơn khiếu nại biết về hành vi phân biệt đối xử bị cáo buộc;

Đơn Khiếu Nại OCR phải được nộp trong vòng 180 ngày kể từ ngày xảy ra hành vi phân biệt đối xử bị cáo buộc. (Phòng Dân Quyền có thể gia hạn thời gian này nếu có lý do chính đáng.)

Tôi có thể nộp khiếu nại về dân quyền ở đâu?

- Nhân viên của nhà cung cấp dịch vụ phải được đào tạo về các quy tắc, chính sách, và thủ tục của chương trình liên quan đến các quyền, khiếu nại, thủ tục khiếu nại, và các vấn đề pháp lý (ví dụ như tư pháp vị thành niên, phúc lợi trẻ em) và lưu giữ tài liệu về chúng;
- Mọi quan hệ giữa thanh thiếu niên và nhân viên của nhà cung cấp dịch vụ không được có hình phạt thể xác hoặc bất thường, bóc lột, định kiến, gây đau đớn, sỉ nhục, dọa nạt, chế giễu, ép buộc, đe dọa, quấy rối tình dục, lạm dụng tinh thần, hoặc các hành động khác có bản chất trừng phạt;
- Các nhà cung cấp dịch vụ phải có một bản tuyên bố quy tắc đạo đức bằng văn bản sẽ được ký bởi mỗi nhân viên và được lưu trong hồ sơ nhân sự của họ;
- Thanh thiếu niên có quyền được tất cả các nhân viên đối xử có đạo đức, chuyên nghiệp, và tôn trọng, và
- Thanh thiếu niên và gia đình của họ sẽ được nhà cung cấp dịch vụ thông báo về cách nộp đơn khiếu nại.

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Tôi có thể làm gì nếu dân quyền của tôi bị vi phạm?

Nếu quý vị thấy rằng một nhà cung cấp dịch vụ chăm sóc sức khỏe, cơ quan dịch vụ nhân sinh, hoặc chương trình hay hoạt động do HHS thực hiện đã phân biệt đối xử phi pháp đối với quý vị (hoặc một người khác), quý vị có thể nộp đơn khiếu nại ACA1557 cho Điều Phối Viên DBH ACA 1557, hoặc cho [OCR](#).

Tôi có thể nộp khiếu nại về dân quyền bằng cách nào?

Bằng cách liên hệ với Điều Phối Viên DBH ACA1557 hoặc OCR.

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Thời hạn nộp đơn khiếu nại về dân quyền là gì?

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Đơn Khiếu Nại OCR phải được nộp trong vòng 180 ngày kể từ ngày xảy ra hành vi phân biệt đối xử bị cáo buộc. (Phòng Dân Quyền có thể gia hạn thời gian này nếu có lý do chính đáng.)

Tôi có thể nộp khiếu nại về dân quyền ở đâu?

Đối với các khiếu nại liên quan đến Chương Trình Lái Xe Khi Bị Ảnh Hưởng Bởi Rượu/Dược Chất (DUI) của DHCS, hãy điền vào Mẫu Đơn Khiếu Nại trực tuyến tại: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>. Quý vị có thể trực tiếp liên hệ với Chi Nhánh Chương Trình DUI, Số Công Khai: (916) 322-2964, Số FAX: (916) 440-5229

Đối với các khiếu nại liên quan đến Chương Trình Điều Trị Lạm Dụng Ma Túy (NTP), hãy điền Mẫu Đơn Khiếu Nại trực tuyến tại: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>. Quý vị có thể liên hệ với Chi Nhánh NTP: Số Công Khai: (916) 322-6682, Số Fax: (916) 440-5230

XÁC NHẬN CỦA KHÁCH HÀNG

Tôi đã được cung cấp thông tin liên quan đến các quyền cá nhân/dân quyền của tôi và cách tôi có thể nộp đơn khiếu nại cho bất kỳ tổ chức nào sau đây nếu tôi thấy rằng bất kỳ quyền nào của mình đã bị vi phạm:

- Sở Chăm Sóc Sức Khỏe Hành Vi (DBH)
- Sở Dịch Vụ Chăm Sóc Sức Khỏe (DHCS)
- Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ (đối với các khiếu nại về dân quyền) (HHS-OCR)

Tôi đã được thông báo rằng tôi có thể yêu cầu thêm thông tin hoặc hỗ trợ nộp đơn khiếu nại vào bất kỳ lúc nào.

Tên Viết In của Khách Hàng

Chữ Ký của Khách Hàng

Ngày

ATTESTATION REGARDING INELIGIBLE/EXCLUDED PERSONS**Contractor _____ shall:**

To the extent consistent with the provisions of this Agreement, comply with regulations as set forth in Executive Order 12549; Social Security Act, 42 U.S. Code, Section 1128 and 1320 a-7; Title 42 Code of Federal Regulations (CFR), Parts 1001 and 1002, et al; and Welfare and Institutions Code, Section 14043.6 and 14123 regarding exclusion from participation in federal and state funded programs, which provide in pertinent part:

1. Contractor certifies to the following:
 - a. it is not presently excluded from participation in federal and state funded health care programs,
 - b. there is not an investigation currently being conducted, presently pending or recently concluded by a federal or state agency which is likely to result in exclusion from any federal or state funded health care program, and/or
 - c. unlikely to be found by a federal and state agency to be ineligible to provide goods or services.
2. As the official responsible for the administration of Contractor, the signatory certifies the following:
 - a. all of its officers, employees, agents, and/or sub-contractors are not presently excluded from participation in any federal or state funded health care programs,
 - b. there is not an investigation currently being conducted, presently pending or recently concluded by a federal or state agency of any such officers, employees, agents and/or sub-contractors which is likely to result in an exclusion from any federal and state funded health care program, and/or
 - c. its officers, employees, agents and/or sub-contractors are otherwise unlikely to be found by a federal or state agency to be ineligible to provide goods or services.
3. Contractor certifies it has reviewed, at minimum prior to hire or contract start date and monthly thereafter, the following lists in determining the organization nor its officers, employees, agents, and/or sub-contractors are not presently excluded from participation in any federal or state funded health care programs:
 - a. OIG's List of Excluded Individuals/Entities (LEIE).
 - b. United States General Services Administration's System for Award Management (SAM).
 - c. California Department of Health Care Services Suspended and Ineligible Provider (S&I) List, if receives Medi-Cal reimbursement.
4. Contractor certifies that it shall notify DBH SUDRS Administration immediately (within 24 hours) by phone and in writing within ten (10) business days of being notified of:
 - a. Any event, including an investigation, that would require Contractor or any of its officers, employees, agents and/or sub-contractors exclusion or suspension under federal or state funded health care programs, or
 - b. Any suspension or exclusionary action taken by an agency of the federal or state government against Contractor, or one or more of its officers, employees, agents and/or sub-contractors, barring it or its officers, employees, agents and/or sub-contractors from providing goods or services for which federal or state funded healthcare program payment may be made.

Printed name of authorized official

Signature of authorized official

Date

DATA SECURITY REQUIREMENTS

Pursuant to its contract with the State Department of Health Care Services, the Department of Behavioral Health (DBH) requires Contractor adhere to the following data security requirements:

A. Personnel Controls

1. **Formal Policies and Procedures.** Policies and procedures must be in place to reasonably protect against unauthorized uses and disclosures of patient identifying information and protect against reasonably anticipated threats or hazards to the security of patient identifying information. Formal policies and procedures must address 1) paper records and 2) electronic records, as specified in 42 CFR §2.16.
2. **Employee Training.** All workforce members who assist in the performance of functions or activities on behalf of DBH, or access or disclose DBH Protected Health Information (PHI) or Personal Information (PI) must complete information privacy and security training, at least annually, at Contractor's expense. Each workforce member who receives information privacy and security training must sign a certification, indicating the member's name and the date on which the training was completed. These certifications must be retained for a period of six (6) years following termination of this Agreement.
3. **Employee Discipline.** Appropriate sanctions must be applied against workforce members who fail to comply with privacy policies and procedures or any provisions of these requirements, including termination of employment where appropriate.
4. **Confidentiality Statement.** All persons that will be working with DBH PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The Statement must be signed by the workforce member prior to accessing DBH PHI or PI. The statement must be renewed annually. The Contractor shall retain each person's written confidentiality statement for DBH inspection for a period of six (6) years following termination of the Agreement.
5. **Background Check.** Before a member of the workforce may access DBH PHI or PI, a background screening of that worker must be conducted. The screening should be commensurate with the risk and magnitude of harm the employee could cause, with more thorough screening being done for those employees who are authorized to bypass significant technical and operational security controls. The Contractor shall retain each workforce member's background check documentation for a period of three (3) years.

B. Technical Security Controls

1. **Workstation/Laptop Encryption.** All workstations and laptops that store DBH PHI or PI either directly or temporarily must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as Advanced Encryption Standard (AES). The encryption solution must be full disk unless approved by DBH's Office of Information Technology.
2. **Server Security.** Servers containing unencrypted DBH PHI or PI must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.
3. **Minimum Necessary.** Only the minimum necessary amount of DBH PHI or PI required to perform necessary business functions may be copied, downloaded, or exported.
4. **Removable Media Devices.** All electronic files that contain DBH PHI or PI data must be encrypted when stored on any removable media or portable device (i.e. USB thumb drives, floppies, CD/DVD, Blackberry, backup tapes, etc.). Encryption must be a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES.
5. **Antivirus / Malware Software.** All workstations, laptops and other systems that process and/or store DBH PHI or PI must install and actively use comprehensive anti-virus software / Antimalware software solution with automatic updates scheduled at least daily.
6. **Patch Management.** All workstations, laptops and other systems that process and/or store DBH PHI or PI must have all critical security patches applied with system reboot if necessary. There

must be a documented patch management process which determines installation timeframe based on risk assessment and vendor recommendations. At a maximum, all applicable patches must be installed within thirty (30) days of vendor release. Applications and systems that cannot be patched within this time frame due to significant operational reasons must have compensatory controls implemented to minimize risk until the patches can be installed. Application and systems that cannot be patched must have compensatory controls implemented to minimize risk, where possible.

7. User IDs and Password Controls. All users must be issued a unique user name for accessing DBH PHI or PI. Username must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee with knowledge of the password. Passwords are not to be shared. Passwords must be at least eight characters and must be a non-dictionary word. Passwords must not be stored in readable format on the computer. Passwords must be changed at least every ninety (90) days, preferably every sixty (60) days. Passwords must be changed if revealed or compromised. Passwords must be composed of characters from at least three of the following four groups from the standard keyboard:
 - a. Upper case letters (A-Z)
 - b. Lower case letters (a-z)
 - c. Arabic numerals (0-9)
 - d. Non-alphanumeric characters (special characters))
8. Data Destruction. When no longer needed, all DBH PHI or PI must be wiped using the Gutmann or U.S. Department of Defense (DoD) 5220.22-M (7 Pass) standard, or by degaussing and in accordance with 42 C.F.R. § 2.16 Security for Records. Media may also be physically destroyed in accordance with NIST Special Publication 800-88. Other methods require prior written permission of DBH's Office of Information Technology.
9. System Timeout. The system providing access to DBH PHI or PI must provide an automatic timeout, requiring re-authentication of the user session after no more than twenty (20) minutes of inactivity.
10. Warning Banners. All systems providing access to DBH PHI or PI must display a warning banner stating that data is confidential, systems are logged, and system use is for business purposes only by authorized users. User must be directed to log off the system if they do not agree with these requirements.
11. System Logging. The system must maintain an automated audit trail which can identify the user or system process which initiates a request for DBH PHI or PI, or which alters DBH PHI or PI. The audit trail must be date and time stamped, must log both successful and failed accesses, must be read only, and must be restricted to authorized users. If DBH PHI or PI is stored in a database, database logging functionality must be enabled. Audit trail data must be archived for at least three (3) years after occurrence.
12. Access Controls. The system providing access to DBH PHI or PI must use role based access controls for all user authentications, enforcing the principle of least privilege.
13. Transmission Encryption. All data transmissions of DBH PHI or PI outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files containing DBH PHI can be encrypted. This requirement pertains to any type of DBH PHI or PI in motion such as website access, file transfer, and E-Mail.
14. Intrusion Detection. All systems involved in accessing, holding, transporting, and protecting DBH PHI or PI that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

C. Audit Controls

1. System Security Review. Contractor must ensure audit control mechanisms that record and examine system activity are in place. All systems processing and/or storing DBH PHI or PI must

have at least an annual system risk assessment/security review which provides assurance that administrative, physical, and technical controls are functioning effectively and providing adequate levels of protection. Reviews should include vulnerability scanning tools.

2. Log Review. All systems processing and/or storing DBH PHI or PI must have a routine procedure in place to review system logs for unauthorized access.
3. Change Control. All systems processing and/or storing DBH PHI or PI must have a documented change control procedure that ensures separation of duties and protects the confidentiality, integrity and availability of data.

D. Business Continuity/Disaster Recovery Controls

1. Emergency Mode Operation Plan. Contractor must establish a documented plan to enable continuation of critical business processes and protection of the security of DBH PHI or PI held in an electronic format in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this Agreement for more than 24 hours.
2. Data Backup Plan. Contractor must have established documented procedures to backup DBH PHI to maintain retrievable exact copies of DBH PHI or PI. The plan must include a regular schedule for making backups, storing backups offsite, an inventory of backup media, and an estimate of the amount of time needed to restore DBH PHI or PI should it be lost. At a minimum, the schedule must be a weekly full backup and monthly offsite storage of DBH data.

E. Paper Document Controls

1. Supervision of Data. DBH PHI or PI in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an employee authorized to access the information. DBH PHI or PI in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.
2. Escorting Visitors. Visitors to areas where DBH PHI or PI is contained shall be escorted and DBH PHI or PI shall be kept out of sight while visitors are in the area.
3. Confidential Destruction. DBH PHI or PI must be disposed of through confidential means, such as cross cut shredding and pulverizing and in accordance with 42 C.F.R. § 2.16 Security for Records.
4. Removal of Data. Removal of DBH PHI or PI may not be removed from the premises of Contractor unless authorized under 42 CFR Part 2.
5. Faxing. Faxes containing DBH PHI or PI shall not be left unattended and fax machines shall be in secure areas. Faxes shall contain a confidentiality statement notifying persons receiving faxes in error to destroy them. Fax numbers shall be verified with the intended recipient before sending the fax.
6. Mailing. Mailings containing DBH PHI or PI shall be sealed and secured from damage or inappropriate viewing of such PHI or PI to the extent possible.

Mailings which include 500 or more individually identifiable records of DBH PHI or PI in a single package shall be sent using a tracked mailing method which includes verification of delivery and receipt, unless the prior written permission of DBH to use another method is obtained.



Campaign Contribution Disclosure (SB 1439)

DEFINITIONS

Actively supporting the matter: (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

Contractors must respond to the questions on the following page. If a question does not apply respond N/A or Not Applicable.

1. Name of Contractor: _____
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?
 Yes ☐ If yes, skip Question Nos. 3-4 and go to Question No. 5
 No ☐
3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: _____
4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s): _____
5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the County or board governed special district.

Company Name	Subcontractor(s):	Principal and//or Agent(s):

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name

9. Was a campaign contribution, of more than \$250, made to any member of the San Bernardino County Board of Supervisors or other County elected officer on or after January 1, 2023, by any of the individuals or entities listed in Question Nos. 1-8?

No ☐ If **no**, please skip Question No. 10.

Yes ☐ If **yes**, please continue to complete this form.

10. Name of Board of Supervisor Member or other County elected officer: _____

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

Please add an additional sheet(s) to identify additional Board Members/County elected officer to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.