# COUNTY OF MONTEREY STANDARD AGREEMENT (MORE THAN \$100,000)

State of Ca	alifornia (hei	s made by and between the County of Monterey, a political subdivision of the reinafter "County") and: cum Tenens LLC
	r "CONTRA	
In cor agree as fo		of the mutual covenants and conditions set forth in this Agreement, the parties
1.0 GE	ENERAL I	DESCRIPTION.
1.01	agrees to pe	y hereby engages CONTRACTOR to perform, and CONTRACTOR hereby erform, the services described in <b>Exhibit A</b> in conformity with the terms of this The goods and/or services are generally described as follows:
	Provide re	ferrals of Locum Tenens Physician Psychiatric Service Providers
2.0 PA	YMENT	PROVISIONS.
2.01	in Exhibit	ll pay the CONTRACTOR in accordance with the payment provisions set forth A, subject to the limitations set forth in this Agreement. The total amount County to CONTRACTOR under this Agreement shall not exceed the sum of
3.0 TE	ERM OF A	GREEMENT.
3.01	Agreement and County	of this Agreement is from July 1, 2016 to 30,2019, unless sooner terminated pursuant to the terms of this This Agreement is of no force or effect until signed by both CONTRACTOR and with County signing last, and CONTRACTOR may not commence work inty signs this Agreement.
3.02	The Count Agreement	y reserves the right to cancel this Agreement, or any extension of this without cause, with a thirty day (30) written notice, or with cause immediately.
4.0 SC	OPE OF S	SERVICES AND ADDITIONAL PROVISIONS.
4.01	The follows	ing attached exhibits are incorporated herein by reference and constitute a part of nent:
Exhib	~	e of Services/Payment Provisions
Exhibi Exhibi Exhibi	t B	Payment Provisions Reassignment/Permanent Placement Revisions

### 5.0 PERFORMANCE STANDARDS.

- 5.01 CONTRACTOR warrants that CONTRACTOR and CONTRACTOR's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and are not employees of the County, or immediate family of an employee of the County.
- 5.02 CONTRACTOR, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.
- 5.03 CONTRACTOR shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement. CONTRACTOR shall not use County premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

#### 6.0 PAYMENT CONDITIONS.

- 6.01 Prices shall remain firm for the initial term of the Agreement and, thereafter, may be adjusted annually as provided in this paragraph. The County does not guarantee any minimum or maximum amount of dollars to be spent under this Agreement.
- 6.02 Negotiations for rate changes shall be commenced, by CONTRACTOR, a minimum of ninety days (90) prior to the expiration of the Agreement. Rate changes are not binding unless mutually agreed upon in writing by the County and the CONTRACTOR.
- 6.03 Invoice amounts shall be billed directly to the ordering department.
- 6.04 CONTRACTOR shall submit such invoice periodically or at the completion of services, but in any event, not later than 30 days after completion of services. The invoice shall set forth the amounts claimed by CONTRACTOR for the previous period, together with an itemized basis for the amounts claimed, and such other information pertinent to the invoice. The County shall certify the invoice, either in the requested amount or in such other amount as the County approves in conformity with this Agreement, and shall promptly submit such invoice to the County Auditor-Controller for payment. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.

## 7.0 TERMINATION.

7.01 During the term of this Agreement, the County may terminate the Agreement for any reason by giving written notice of termination to the CONTRACTOR at least thirty (30) days prior to the effective date of termination. Such notice shall set forth the effective date of termination. In the event of such termination, the amount payable under this Agreement shall be reduced in proportion to the services provided prior to the date of termination.

- 7.02 The County may cancel and terminate this Agreement for good cause effective immediately upon written notice to CONTRACTOR. "Good cause" includes the failure of CONTRACTOR to perform the required services at the time and in the manner provided under this Agreement. If County terminates this Agreement for good cause, the County may be relieved of the payment of any consideration to CONTRACTOR, and the County may proceed with the work in any manner, which County deems proper. The cost to the County shall be deducted from any sum due the CONTRACTOR under this Agreement.
- 7.03 The County's payments to CONTRACTOR under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for the County's purchase of the indicated quantity of services, then the County may give written notice of this fact to CONTRACTOR, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as the County may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement.

#### 8.0 INDEMNIFICATION.

CONTRACTOR shall indemnify, defend, and hold harmless the County, its officers, agents, and employees, from and against any and all claims, liabilities, and losses whatsoever (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees) occurring or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims, liabilities, and losses occurring or resulting to any person, firm, or corporation for damage, injury, or death arising out of or connected with the CONTRACTOR's performance of this Agreement, unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of the County. "CONTRACTOR's performance" includes CONTRACTOR's action or inaction and the action or inaction of CONTRACTOR's officers, employees, agents and subcontractors.

## 9.0 INSURANCE REQUIREMENTS.

#### 9.01 Evidence of Coverage:

Prior to commencement of this Agreement, the Contractor shall provide a "Certificate of Insurance" certifying that coverage as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate. In addition, the Contractor upon request shall provide a certified copy of the policy or policies.

This verification of coverage shall be sent to the County's Contracts/Purchasing Department, unless otherwise directed. The Contractor shall <u>not</u> receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and the County has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

#### 9.02 Qualifying Insurers:

All coverage's, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A- VII, according to

the current Best's Key Rating Guide or a company of equal financial stability that is approved by the County's Purchasing Manager.

9.03 <u>Insurance Coverage Requirements:</u> Without limiting CONTRACTOR's duty to indemnify, CONTRACTOR shall maintain in effect throughout the term of this Agreement a policy or policies of insurance with the following minimum limits of liability:

Commercial General Liability Insurance, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

(Note: any proposed modifications to these general liability insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

Business Automobile Liability Insurance, covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

(Note: any proposed modifications to these auto insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

Workers' Compensation Insurance, if CONTRACTOR employs others in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer's Liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.

(Note: any proposed modifications to these workers' compensation insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

Professional Liability Insurance, if required for the professional services being provided, (e.g., those persons authorized by a license to engage in a business or profession regulated by the California Business and Professions Code), in the amount of not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If professional liability insurance is written on a "claims-made" basis rather than an occurrence basis, the CONTRACTOR shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage ("tail coverage") with the same liability limits. Any such tail coverage shall continue for at least three years following the expiration or earlier termination of this Agreement.

(Note: any proposed modifications to these insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

#### 9.04 Other Requirements:

All insurance required by this Agreement shall be with a company acceptable to the County and issued and executed by an admitted insurer authorized to transact Insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date CONTRACTOR completes its performance of services under this Agreement.

Each liability policy shall provide that the County shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit, cancellation, or intended non-renewal thereof. Each policy shall provide coverage for Contractor and additional insureds with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.

Commercial general liability and automobile liability policies shall provide an endorsement naming the County of Monterey, its officers, agents, and employees as Additional Insureds with respect to liability arising out of the CONTRACTOR'S work, including ongoing and completed operations, and shall further provide that such insurance is primary insurance to any insurance or self-insurance maintained by the County and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the CONTRACTOR'S insurance. The required endorsement form for Commercial General Liability Additional Insured is ISO Form CG 20 10 11-85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000). The required endorsement form for Automobile Additional Insured endorsement is ISO Form CA 20 48 02 99.

Prior to the execution of this Agreement by the County, CONTRACTOR shall file certificates of insurance with the County's contract administrator and County's Contracts/Purchasing Division, showing that the CONTRACTOR has in effect the insurance required by this Agreement. The CONTRACTOR shall file a new or amended certificate of insurance within five calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

CONTRACTOR shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by County, annual certificates to County's Contract Administrator and County's Contracts/Purchasing Division. If the certificate is not received by the expiration date, County shall notify CONTRACTOR and CONTRACTOR shall have five calendar days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by CONTRACTOR to maintain such insurance is a default of this Agreement, which entitles County, at its sole discretion, to terminate this Agreement immediately.

#### 10.0 RECORDS AND CONFIDENTIALITY.

- 10.01 Confidentiality. CONTRACTOR and its officers, employees, agents, and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. CONTRACTOR shall not disclose any confidential records or other confidential information received from the County or prepared in connection with the performance of this Agreement, unless County specifically permits CONTRACTOR to disclose such records or information. CONTRACTOR shall promptly transmit to County any and all requests for disclosure of any such confidential records or information. CONTRACTOR shall not use any confidential information gained by CONTRACTOR in the performance of this Agreement except for the sole purpose of carrying out CONTRACTOR's obligations under this Agreement.
- 10.02 <u>County Records.</u> When this Agreement expires or terminates, CONTRACTOR shall return to County any County records which CONTRACTOR used or received from County to perform services under this Agreement.
- 10.03 Maintenance of Records. CONTRACTOR shall prepare, maintain, and preserve all reports and records that may be required by federal, state, and County rules and regulations related to services performed under this Agreement. CONTRACTOR shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception, or other action relating to this Agreement is pending at the end of the three year period, then CONTRACTOR shall retain said records until such action is resolved.
- Access to and Audit of Records. The County shall have the right to examine, monitor and audit all records, documents, conditions, and activities of the CONTRACTOR and its subcontractors related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess of \$10,000, the parties to this Agreement may be subject, at the request of the County or as part of any audit of the County, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.
- 10.05 Royalties and Inventions. County shall have a royalty-free, exclusive and irrevocable license to reproduce, publish, and use, and authorize others to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of County.

#### 11.0 NON-DISCRIMINATION.

11.01 During the performance of this Agreement, CONTRACTOR, and its subcontractors, shall not unlawfully discriminate against any person because of race, religious creed, color, sex, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age (over 40), or sexual orientation, either in CONTRACTOR's employment practices or in the furnishing of services to recipients. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. CONTRACTOR and any subcontractor shall, in the performance of this Agreement, fully comply with all federal,

state, and local laws and regulations which prohibit discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be prohibited discrimination.

## 12.0 COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANTS.

12.01 If this Agreement has been or will be funded with monies received by the County pursuant to a contract with the state or federal government in which the County is the grantee, CONTRACTOR will comply with all the provisions of said contract, to the extent applicable to CONTRACTOR as a subgrantee under said contract, and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, County will deliver a copy of said contract to CONTRACTOR, at no cost to CONTRACTOR.

#### 13.0 INDEPENDENT CONTRACTOR.

13.01 In the performance of work, duties, and obligations under this Agreement, CONTRACTOR is at all times acting and performing as an independent contractor and not as an employee of the County. No offer or obligation of permanent employment with the County or particular County department or agency is intended in any manner, and CONTRACTOR shall not become entitled by virtue of this Agreement to receive from County any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. CONTRACTOR shall be solely liable for and obligated to pay directly all applicable taxes, including federal and state income taxes and social security, arising out of CONTRACTOR's performance of this Agreement. In connection therewith, CONTRACTOR shall defend, indemnify, and hold County harmless from any and all liability which County may incur because of CONTRACTOR's failure to pay such taxes.

#### 14.0 NOTICES.

14.01 Notices required under this Agreement shall be delivered personally or by first-class, postage pre-paid mail to the County and CONTRACTOR'S contract administrators at the addresses listed below:

FOR COUNTY:	FOR CONTRACTOR:
Amie Miller, PsyD., Bureau Chief	Joe Schofield, Director, Psychiatry
Name and Title	Name and Title
1270 Natividad Road Salinas, CA 93906	Jackson & Coker 3000 Old Alabama Rd., Suite 119-608 Alpharetta, GA 30022
Address	Address
831-755-4509	866-999-8396
Phone	Phone

#### 15.0 MISCELLANEOUS PROVISIONS.

- 15.01 Conflict of Interest. CONTRACTOR represents that it presently has no interest and agrees not to acquire any interest during the term of this Agreement, which would directly, or indirectly conflict in any manner or to any degree with the full and complete performance of the services required to be rendered under this Agreement.
- 15.02 <u>Amendment.</u> This Agreement may be amended or modified only by an instrument in writing signed by the County and the CONTRACTOR.
- 15.03 Waiver. Any waiver of any terms and conditions of this Agreement must be in writing and signed by the County and the CONTRACTOR. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.
- 15.04 <u>Contractor.</u> The term "CONTRACTOR" as used in this Agreement includes CONTRACTOR's officers, agents, and employees acting on CONTRACTOR's behalf in the performance of this Agreement.
- 15.05 <u>Disputes.</u> CONTRACTOR shall continue to perform under this Agreement during any dispute.
- 15.06 <u>Assignment and Subcontracting.</u> The CONTRACTOR shall not assign, sell, or otherwise transfer its interest or obligations in this Agreement without the prior written consent of the County. None of the services covered by this Agreement shall be subcontracted without the prior written approval of the County. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.
- 15.07 <u>Successors and Assigns.</u> This Agreement and the rights, privileges, duties, and obligations of the County and CONTRACTOR under this Agreement, to the extent assignable or delegable, shall be binding upon and inure to the benefit of the parties and their respective successors, permitted assigns, and heirs.
- 15.08 <u>Compliance with Applicable Law.</u> The parties shall comply with all applicable federal, state, and local laws and regulations in performing this Agreement.
- 15.09 <u>Headings.</u> The headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- 15.10 <u>Time is of the Essence.</u> Time is of the essence in each and all of the provisions of this Agreement.
- 15.11 Governing Law. This Agreement shall be governed by and interpreted under the laws of the State of California.
- 15.12 <u>Non-exclusive Agreement.</u> This Agreement is non-exclusive and both County and CONTRACTOR expressly reserve the right to contract with other entities for the same or similar services.

- 15.13 <u>Construction of Agreement.</u> The County and CONTRACTOR agree that each party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.
- 15.14 <u>Counterparts.</u> This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.
- 15.15 <u>Authority.</u> Any individual executing this Agreement on behalf of the County or the CONTRACTOR represents and warrants hereby that he or she has the requisite authority to enter into this Agreement on behalf of such party and bind the party to the terms and conditions of this Agreement.
- 15.16 <u>Integration.</u> This Agreement, including the exhibits, represent the entire Agreement between the County and the CONTRACTOR with respect to the subject matter of this Agreement and shall supersede all prior negotiations, representations, or agreements, either written or oral, between the County and the CONTRACTOR as of the effective date of this Agreement, which is the date that the County signs the Agreement.
- 15.17 <u>Interpretation of Conflicting Provisions.</u> In the event of any conflict or inconsistency between the provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

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#### 16.0 SIGNATURE PAGE.

IN WITNESS WHEREOF, County and CONTRACTOR have executed this Agreement as of the day and year written below.

	COUNTY OF MONTEREY		CONTRACTOR
By:			
•	Contracts/Purchasing Officer	ľ	Jackson & Coker LocumTenens, LLC
Date:			Contractor's Business Name*
Ву:			$\rho$
	Department Head (if applicable)	By:	Clava Massey
Date:			(Signature of Chair, President, &
		•	Vice-President)*
D.			
By:		.  .	Dana Massey - VP Government Healthcare
	Board of Supervisors (if applicable)	<sub> </sub>	Name and Title
Date:	· · · · · · · · · · · · · · · · · · ·	Date:	05/06/2016
Approved	as to Form		
By:	Atay aetta		A a arl.
	Open County Counsel	Ву:	Tongles D Mine
Date:	May 19, 2016		(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*
	/ /		Doug Kline - CFO
Approved	as to Fiscal Provisions (	• •	Name and Title
•		Date:	05/06/2016
By:	Auditor/Controller		03/04/2013
Date:	A MILI		
Date.	p p l		
Approved	as to Liability Provisions <sup>3</sup>	1.	
By:		· ·	•
٠, ر	Risk Management		
Date:	<del></del> <del></del>		
	· ·	•	
County E	Board of Supervisors' Agreement Number:		, approved on (date):
	·		

\*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

Approval by County Counsel is required Approval by Auditor-Controller is required

<sup>&</sup>lt;sup>3</sup>Approval by Risk Management is necessary only if changes are made in paragraphs 8 or 9

## EXHIBIT A SCOPE OF SERVICES

#### I. IDENTIFICATION OF CONTRACTOR

Name:

Jackson & Coker Locum Tenens, LLC

Address:

3000 Old Alabama Rd., Suite 119-608

Alpharetta, GA 30022

866-999-8396

#### II. SCOPE OF SERVICES

1. WHEREAS, CONTRACTOR shall refer a locum tenens psychiatrist who shall provide community mental health services in accordance with the requirements of the Bronzan-McCorquodale Act (California Welfare and Institutions Code § 5600, et seq.), Part 2.5 of Division 5 of the California Welfare & Institutions Code, Titles 9 and 22 of the California Code of Regulations, Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Part 160 and Part 164 as amended by the Health Information Technology for Economic and Clinical Health Act and its implementing regulations; California Confidentiality of Medical Information Act, Ca. Civil Code §§ 56 et seq.; Lanterman-Petris-Short Act [Welfare and Institutions Code Section 5000 et seq.]; California Code of Regulations, Confidential Nature of Records; Welfare and Institutions Code section 14100.2 and 42 Code of Federal Regulations section 431.300 et.seq.; where applicable.

2. Subject to the terms and conditions of this Agreement, CONTRACTOR agrees to refer locum tenens to COUNTY in the following specialty:

Physician

Psychiatry

#### III. <u>SERVICES/OJECTIVES BY CONTRACTOR</u>

- 1. CONTRACTOR shall search, screen, and pre-qualify potential Provider (hereinafter referred to as "Provider") meeting job specifications provided by COUNTY.
- 2. CONTRACTOR shall fully inform COUNTY of Provider's qualifications and provide a copy of an up-to-date Curriculum Vitae to COUNTY for review, at all times for Physicians who are Board Certified or Board Eligible.
- CONTRACTOR shall process a Disciplinary Action report from the Federation of State Medical Boards for each Provider presented. COUNTY will be notified of any discrepancies or disciplinary actions against presented physician(s) at presentation, and as CONTRACTOR becomes aware of any issues during the course of COUNTY work.

- 4. CONTRACTOR shall provide to COUNTY current copies of provider specific credentialing information as follows:
  - a) Professional Liability Insurance
  - b) California Medical License
  - c) National Provider Identifier (NPI)
  - d) Drug Enforcement Administration (DEA)
  - e) American Board of Medical Specialty Certification Certificate (if applicable)
  - f) ECFMG (if applicable)
  - g) Driver's License
- 5. CONTRACTOR shall verify the Provider's Tuberculosis test and send updated results to COUNTY, within one (1) year of exam, at all times.
- 6. CONTRACTOR shall provide to COUNTY three (3) written references and two (2) facility verifications (current, within a two-year time frame) for the Provider at the time physician is referred to COUNTY, at all times.
- 7. CONTRACTOR shall conduct preliminary Provider's reference checks (including background checks) and State of California medical license verification and provide the results of all checks and verifications to COUNTY, upon COUNTY request.
- 8. CONTRACTOR shall process a full American Medical Association (AMA)
  Credentials Verification Report for each Provider presented to verify physician
  Curriculum Vitae (CV), upon COUNTY request.
- 9. CONTRACTOR shall refer only Providers eligible to be a "Participating Physician" in the Medicare and Medi-Cal Program in order to permit the COUNTY to bill for Contracted Services.
- 10. CONTRACTOR shall notify the COUNTY immediately upon the occurrence of any event or circumstance as CONTRACTOR becomes aware of the event or circumstance, which may affect the completion of the provider's assignment.
- 11. If provider fails to start assignment at COUNTY as agreed to/or terminates assignment early, CONTRACTOR will make best efforts as expeditiously as possible to recruit for a replacement candidate, subsequent to the approval of the COUNTY at no additional charge.

### IV. <u>SERVICES/OBJECTIVES BY COUNTY</u>

- 1. COUNTY shall provide CONTRACTOR an accurate practice description, upon CONTRACTOR request.
- 2. COUNTY shall provide CONTRACTOR background information regarding the work site, hospital and/or the community (which ever is applicable), upon CONTRACTOR request.

- 3. COUNTY shall be responsible for credential verification and privileging of hired applicants, at all times.
- 4. COUNTY shall specify to CONTRACTOR specialty need and whether it is for inpatient care; outpatient care; and whether assignment includes supervision and oversight of Resident Physicians.
- 5. COUNTY shall have the right to immediately terminate this agreement if provider, in the judgement of the COUNTY, is not participating satisfactorily or refuses to follow the COUNTY's administrative policies, procedures, rules and regulations, including but not limited to inappropriate behavior, dress and/or hygiene. COUNTY shall immediately notify the provider and the CONTRACTOR by telephone or in person. The provider and representative(s) of the CONTRACTOR may meet the COUNTY to determine whether the provider will be reinstated in the assignment at the COUNTY, and if so, upon terms and conditions determined by COUNTY to be appropriate.

#### V. SERVICES BY CONTRACTOR REFERRED PROVIDER (LOCUM TENENS)

- 1. CONTRACTOR referred Provider shall perform his or her professional medical duties in accordance with: (a) applicable Federal, State and County laws, rules and regulations, and policies; (b) all rules and regulations generally applicable to physicians practicing medicine in the State of California; (c) applicable requirements of third party payor programs; and (d) County and Health Department policies and procedures.
- 2. CONTRACTOR referred Provider shall agree to be a "Participating Physician" in the Medicare and Medi-Cal Program in order to permit the COUNTY to bill for Contracted Services.
- 3. CONTRACTOR referred Provider shall assure that the medications, procedures and laboratory testing ordered for each patient, is not only medically necessary for diagnosis and/or treatment, but also compliant to the specifications of the program.
- 4. CONTRACTOR referred Provider agrees to complete any billing and credentialing paperwork prior to, during the duration of, and after rendering service to the COUNTY.
- 5. CONTRACTOR referred Provider shall possess some experience/knowledge of working techniques of an electronic health records program system.
- 6. CONTRACTOR referred Provider shall adhere to the COUNTY's Confidentiality Policies. CONTRACTOR referred Provider shall be considered members of COUNTY's "workforce," as that term is defined by the HIPPA regulations at 45 C.F.R. § 160.103, and shall be subject to COUNTY's policies respecting confidentiality of medical information (as defined in Section II, Paragraph 1.). If the CONTRACTOR suspects a breach of any of these policies, CONTRACTOR must notify the COUNTY Privacy Officer immediately. Notwithstanding any provision of this Agreement to the contrary, in the event of a breach of this Section, the County of Monterey shall have the right to seek direct damages to the CONTRACTOR.

7. CONTRACTOR referred Provider shall not discuss, transmit, or narrate in any form any individually identifiable patient information, medical or otherwise, obtained in the course of these services except as a necessary part of the services.

#### VI. GENERAL PROVISIONS

In order to ensure compliance with HIPAA, the following provisions of this Agreement shall not be subject to amendment by any means during the term of this Agreement or any extensions: Section III, Paragraph 5, Section V, Paragraph 1, Section IV, Paragraph 6 and 7. This Agreement may otherwise be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall take effect, it shall be reduced to writing and signed by the parties.

## Exhibit A – Part 2 Payment Provisions

#### I. PAYMENT PROVISIONS

#### A. PAYMENT TYPE

Negotiated Rate (NR) with rate established in contract. It is mutually understood and agreed by both parties that CONTRACTOR shall be compensated under the Agreement in accordance with Exhibit A - Part 2 rate sheet attached hereto.

#### **B. PAYMENT CONDITIONS**

- 1. In order to receive any payment under this Agreement, CONTRACTOR shall submit claims in such form as may be required by the COUNTY. Specifically, CONTRACTOR shall submit its claims on a form acceptable to COUNTY so as to reach the COUNTY no later than the 30th day of the month following the month of service. Upon termination of this Agreement, CONTRACTOR shall submit its final claim for payment no later than thirty (30) days after the completion of services. Invoices shall be billed directly to the ordering Bureau of Health Department (i.e. Behavioral Health or Clinic Services).
- 2. If CONTRACTOR fails to submit claims for services provided under the term of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
- 3. COUNTY shall review and certify CONTRACTOR's claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement, and shall then submit such certified claim to the COUNTY Auditor. The Auditor shall pay the claim in the amount certified by the COUNTY.
- 4. If COUNTY certifies payment at a lesser amount than the amount requested COUNTY shall immediately notify the CONTRACTOR in writing of such certification and shall specify the reason for it. If the CONTRACTOR desires to contest the certification, the CONTRACTOR must submit a written notice of protest to the COUNTY within 20 days after the CONTRACTOR's receipt of the COUNTY notice. The parties shall thereafter promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such a dispute until the parties have met and attempted to resolve the dispute in person.
- 5. Neither CONTRACTOR nor PROVIDER assigned by CONTRACTOR shall receive reimbursement for travel, lodging, or meal expenses.

## II. MAXIMUM LIABILITY

Subject to the limitation set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of \$750,000 for services authorized pursuant to this Exhibit.

FISCAL YEAR LIABILITY	AMOUNT
July 1, 2016 to June 30, 2019	\$750,000
MAXIMUM COUNTY OBLIGATION	\$750,000

July 1, 2016June 30, 2017							3	
EXHIBIT A Part 2: Payment Provisions		COVERAGE		CALL	3	HOLIDAY		OTHER
Jackson & Coker Locum Tenens, LLC Locum Tenens Psychiatry Specialty	All Inclusive Daily Rate	Daily/Hourly Rate	Overtime/ Premium Rafe	Weekinght Call	Weekend	Holiday Přemium	Administrative Services/Day	Reassignment (Permanent Placement) Fee
Psychiatry Inpatient	\$1,752.00	\$219.00	\$248.00	\$572.00	\$572.00 \$916.00	\$876.00	\$45.00	\$30,000
Psychiatry Outpatient	\$1,752.00	\$219.00	\$248.00	N/A	N/A	\$876.00	\$45.00	\$30,000
Psychiatry Child & Adolescent Inpatient	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Psychiatry Child & Adolescent Outpatient	\$1,840.00	\$230.00	\$230.00 \$258.00	N/A	N/A	\$920.00	\$45.00	\$30,000

\*Neither CONTRACTOR nor PROVIDER assigned by CONTRACTOR shall receive separate reimbursement for travel, lodging, or meal expenses.

DEFINITIONS:

MAKEN ALLESCOTION	
All Inclusive Rate:	Charged daily and defined as an 8-hour work day.
Overtime/Premium Hourly Rate:	Hourly overtime/premium rate after a 40-hour week.
	Charged nightly to have PROVIDER on-call. Overtime/premium hourly rate is charged for all hours of patient contact on-
Weeknight On-Call:	call.
	Charged by 24-hour period to have PROVIDER on-call. Overtime/premium hourly rate is charged for all hours of patient
Weekend On-Call:	contact on-call.
	Used for call-only assignments. Charged per 24-hour period. overtime/premium rate is charged for all hours of on-call
24 Hour-Call:	patient contact in a 24-hour period.
	A rate of one-half of the Daily Rate will be charged as a premium for New Year's Day, Memorial Day, Independence
	Day, Labor Day, Thanksgiving Day, Christmas Day, or any holiday that is recognized by the COUNTY if PROVIDER
	remains in the assignment community, whether or not services are actually provided on those days. If PROVIDER is
	required to be on-call, COUNTY will pay the full Daily Rate for PROVIDER for each holiday. If PROVIDER has any
	patient contact or is required to report to COUNTY's facility on one of these holidays, COUNTY will pay the full Daily
	Rate for PROVIDER plus the Holiday Premium, which includes up to 4 hours of professional services. COUNTY will
Holidays:	be charged at the overtime/premium Hourly Rate for all hours performed over 4 hours on any of these holidays.
	The administrative service fee is applicable for each calendar day the PROVIDER delivers services through either
	patient contact or call availability and includes, but is not limited to, the following services: maintenance of medical
	malpractice insurance policy, referencing, verifying licensure, forwarding COUNTY's verification forms to third parties
	and continuous follow-up to ensure completed forms are returned to COUNTY in a timely manner, and coordinating
Administrative Services:	travel itineraries.
	COUNTY agrees to pay CONTRACTOR a Reassignment Fee as indicated on payment provisions of Exhibit A for the
	reassignment of PROVIDER presented to COUNTY or any organization affiliated with COUNTY if such PROVIDER
	becomes a permanent employee of COUNTY or an affiliate of COUNTY within eighteen (18) months after such
Reassignment (Permanent Placement) Fee:	PROVIDER is presented to COUNTY or after PROVIDER ceases to provide services to COUNTY.

July 1, 2017June 30, 2018		, and						
EXHIBIT A Part 2: Payment Provisions		COVERAGE		CAL		НОПВАХ		OTHER
Jackson & Coker Locum Tenens, LLC Locum Tenens Psychiatry Specialty	#MI   Inclusive Daily Rate	Dail y/Hourly Rate	Overtime/ Premium Rate	Weekinght Call	Weekend Call	Holiday Premium	Administrative Services/Day	Reassignment (Permanent Placement) Fee
Psychiatry Inpatient	\$1,840.00	\$230.00	\$261.00	\$572.00	\$916.00	\$920.00	\$45.00	\$30,000
Psychiatry Outpatient	\$1,840.00	\$230.00	\$261.00	N/A	N/A	\$920.00	\$45.00	\$30,000
Psychiatry Child & Adolescent Inpatient	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Psychiatry Child & Adolescent Outpatient	\$1,936.00	\$242.00	\$271.00	N/A	N/A	8968	\$45.00	\$30,000
*Neither CONTRACTOR nor PROVIDER assigned by CONTRACTOR shall receive separate reimbursement for travel, lodging, or meal expenses. DEFINITIONS:	by CONTRAC	TOR shall receive	e separate reim	bursement for t	ravel, lodging	or meal expens	es.	
All Inclusive Rate:	Charged da	Charged daily and defined as an 8-hour work day.	as an 8-hour	work day.				****
Overtime/Premium Hourly Rate:	Hourly ove	Hourly overtime/premium rate after a 40-hour week.	rate after a 4(	)-hour week.				
W. A : -	Charged nig	ghtly to have PR	OVIDER on	-call. Overtir	ne/premiun	hourly rate is	charged for all	ghtly to have PROVIDER on-call. Overtime/premium hourly rate is charged for all hours of patient contact on-
weekingin Oil-Cail.	Charged by	24-bour period	to have PRC	NUMBER on-c	all Overtin	ne/nremium h	ourly rate is cha	Call.  Charged by 24-hour period to have PROVIDER on-call Overtime/premium hourly rate is charged for all hours of patient
Weekend On-Call:	contact on-call.	z4-nom perroc call.	I IO IIAVE I IN	VILLEN OIL-	aii. Ovei iii	ic/premium	ourly rate is cha	god tot dit noms of pation
	Used for ca	Used for call-only assignments.		d per 24-hour	period. o	/ertime/premi	um rate is charge	Charged per 24-hour period. overtime/premium rate is charged for all hours of on-call
24 Hour-Call:	patient con	patient contact in a 24-hour period.	r period.					
	A rate of or Day, Labor	ne-half of the Day, Thanksgiv	aily Rate will ving Day, Ch	I be charged a ristmas Day, or	us a premius or any holid	n for New Ye ay that is reco	ar's Day, Memo gnized by the Co	A rate of one-half of the Daily Rate will be charged as a premium for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, or any holiday that is recognized by the COUNTY if PROVIDER
	required to	be on-call, CO	UNTY will p	ay the full Da	ily Rate for	PROVIDER	for each holiday	required to be on-call, COUNTY will pay the full Daily Rate for PROVIDER for each holiday. If PROVIDER has any
	patient con	tact or is requir	ed to report to	o COUNTY's	facility on	one of these h	olidays, COUN	patient contact or is required to report to COUNTY's facility on one of these holidays, COUNTY will pay the full Daily
Holidavs:	Rate for PF	OVIDER plus	the Holiday F	remium, which	ch includes all hours pe	up to 4 hours reformed over	Rate for PROVIDER plus the Holiday Premium, which includes up to 4 hours of professional services. he charged at the overtime/premium Hourly Rate for all hours performed over 4 hours on any of these hy	Rate for PROVIDER plus the Holiday Premium, which includes up to 4 hours of professional services. COUNTY will be charged at the overtime/premium Hourly Rate for all hours performed over 4 hours on any of these holidays.
	The admini patient con malpractice	strative service fact or call avai insurance poli	fee is applic lability and i	able for each ncludes, but i ng, verifying l	calendar di s not limite icensure, fo	ay the PROVII I to, the follow rewarding CO	DER delivers se ving services: n UNTY's verific	The administrative service fee is applicable for each calendar day the PROVIDER delivers services through either patient contact or call availability and includes, but is not limited to, the following services: maintenance of medical malpractice insurance policy, referencing, verifying licensure, forwarding COUNTY's verification forms to third parties
Administrative Services:	and continuous to travel itineraries.	ious tollow-up t raries.	to ensure con	pleted forms	are returne	Tto COUNTY	ın a umely man	and continuous follow-up to ensure completed forms are returned to COUNTY in a umely manner, and coordinating travel itineraries.
Reassignment (Permanent Placement) Fee:	COUNTY reassignme becomes a PROVIDE	agrees to pay C nt of PROVIDE permanent emp R is presented to	ONTRACTO UR presented loyee of COU	R a Reassign to COUNTY. JNTY or an a	ment Fee as or any orga: ffiliate of C	indicated on nization affilia OUNTY with	COUNTY agrees to pay CONTRACTOR a Reassignment Fee as indicated on payment provisions o reassignment of PROVIDER presented to COUNTY or any organization affiliated with COUNTY if becomes a permanent employee of COUNTY or an affiliate of COUNTY within eighteen (18) month PROVIDER is presented to COUNTY or after PROVIDER ceases to provide services to COUNTY	COUNTY agrees to pay CONTRACTOR a Reassignment Fee as indicated on payment provisions of Exhibit A for the reassignment of PROVIDER presented to COUNTY or any organization affiliated with COUNTY if such PROVIDER becomes a permanent employee of COUNTY or an affiliate of COUNTY within eighteen (18) months after such PROVIDER is presented to COUNTY or after PROVIDER ceases to provide services to COUNTY.

EXHIBIT A Part 2: Payment Provisions		COVERAGE		CADL	L	HOLIDAY		OTHER
Jackson & Coker Locum Tenens, LLC Locum Tenens Psychiatry Specialty	All Inclusive Daily Rate	»Dälly/Hourly Rafe	Overtime/ Premium Rate	Weeknight Call	Weekend Call	Holiday Premium	Administrative Services/Day	Reassignment (Permanent Placement) Fec
Psychiatry Impatient	\$1,936.00	\$242.00	\$274.00	\$572.00	\$916.00	\$968.00	\$45.00	\$30,000
Psychiatry Outpatient	\$1,936.00	\$242.00	\$274.00	N/A	N/A	\$968.00	\$45.00	\$30,000
Psychiatry Child & Adolescent Inpatient	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Psychiatry Child & Adolescent Outpatient	\$2,032.0	\$254.00	\$285.00	N/A	N/A	\$1,016.00	\$45.00	\$30,000
*Neither CONTRACTOR nor PROVIDER assigned by CONTRACTOR shall receive separate reimbursement for travel, lodging, or meal expenses.  DEFINITIONS:	d by CONTRAC	TOR shall receive	separate reim	bursement for t	ravel, lodging	, or meal expens	ses.	
All Inclusive Rate:	Charged dai	Charged daily and defined as an 8-hour work day.	as an 8-hour	work day.				
Overtime/Premium Hourly Rate:	Hourly over	Hourly overtime/premium rate after a 40-hour week.	rate after a 4	0-hour week.				
Weeknight On-Call:	Charged nig	thtly to have PR	OVIDER on	-call. Overtin	ne/premiun	hourly rate is	s charged for all	Charged nightly to have PROVIDER on-call. Overtime/premium hourly rate is charged for all hours of patient contact on-call.
	Charged by	Charged by 24-hour period to have PROVIDER on-call.	to have PRO	VIDER on-c	all. Overtin	ne/premium h	ourly rate is char	Overtime/premium hourly rate is charged for all hours of patient
Weekend On-Call:	contact on-call.	all.						
24 Hour-Call:	Used for ca	Used for call-only assignments. Chatient contact in a 24-hour period.	ents. Charge period.	d per 24-hour	r period. o	/ertime/premi	um rate is charge	Charged per 24-hour period. overtime/premium rate is charged for all hours of on-call od.
	A rate of or	e half of the Da	ily Rate wil	1 he charged	uimean e se	n for New Ye	ar's Day Memo	rial Day Independence
	Day, Labor remains in t	le-nair or the Day Day, Thanksgiv he assignment o	iny kate win ing Day, Ch community, w	ristmas Day, on the there or not the the the the the the the the the th	as a premum or any holid services ar	n for frew re ay that is reco e actually pro	ear s Day, memo ganized by the Co vided on those d	A rate of one-half of the Daily Rate will be charged as a premium for New Tear's Day, inceptance of Day, Labor Day, Thanksgiving Day, Christmas Day, or any holiday that is recognized by the COUNTY if PROVIDER remains in the assignment community, whether or not services are actually provided on those days. If PROVIDER is
	required to	be on-call, CO	UNITY WIII I	oay the full Da	uily Rate for	PROVIDER	for each holiday	required to be on-call, COUNTY will pay the full Daily Rate for PROVIDER for each holiday. If PROVIDER has any
	patient cont	act or is require	ed to report t	o COUNTY's	facility on	one of these h	nolidays, COUN	patient contact or is required to report to COUNTY's facility on one of these holidays, COUNTY will pay the full Daily
Holidavs:	kate for PR be charged	OVILLER plus of the overtime	ne Houday I Premium Ho	remum, whi	ch includes all hours pe	up to 4 nours	of professional s	Kate for FROVIDER plus the Holiday Fremium, which includes up to 4 hours of professional services. COUNLY will be charged at the overtime/premium Hourly Rate for all hours performed over 4 hours on any of these holidays.
Administrative Services:	The administrative patient contact or mal practice insurand continuous for travel itineraries.	strative service act or call avail insurance polious follow-up taries.	fee is applic lability and i cy, referenci o ensure con	table for each ncludes, but in mg. verifying I upleted forms	s not limite licensure, fi are returne	ay the PROVII to, the follow rwarding CO to COUNTY	DER delivers se wing services: nUNTY's verific	The administrative service fee is applicable for each calendar day the PROVIDER delivers services through either patient contact or call availability and includes, but is not limited to, the following services: maintenance of medical malpractice insurance policy, referencing, verifying licensure, forwarding COUNTY's verification forms to third parties and continuous follow-up to ensure completed forms are returned to COUNTY in a timely manner, and coordinating travel timeraries.
	COUNTY a reassignment becomes a property of the country of the cou	Igrees to pay Control of PROVIDE	NTRACTC R presented loyee of COU	OR a Reassign to COUNTY OF an a	ment Fee as or any orga ffiliate of C	indicated on nization affilia OUNTY with	payment provisi ated with COUN in eighteen (18)	COUNTY agrees to pay CONTRACTOR a Reassignment Fee as indicated on payment provisions of Exhibit A for the reassignment of PROVIDER presented to COUNTY or any organization affiliated with COUNTY if such PROVIDER becomes a permanent employee of COUNTY or an affiliate of COUNTY within eighteen (18) months after such
Reassignment (Permanent Placement) Fee:	PROVIDER	ER is presented to COUNTY or after PROVIDER ceases to provide services to COUNTY	COUNTY	or after PROV	ADER ceas	es to provide	services to COU	ZIX.

## EXHIBIT B REASSIGNMENT/PERMANENT PLACEMENT

CONTRACTOR NAME: Jackson & Coker Locum Tenens, LLC

COUNTY agrees to pay CONTRACTOR a Reassignment/Permanent Placement Fee as indicated on Payment Provisions of Exhibit A – Part 2 for the reassignment/permanent placement of PROVIDER presented to COUNTY or any organization affiliated with COUNTY if such PROVIDER becomes a permanent employee of COUNTY or an affiliate of COUNTY within eighteen (18) months after such PROVIDER is presented to COUNTY of after PROVIDER ceases to provide services to COUNTY.

CONTRACTOR, on behalf of the PROVIDER, shall provide COUNTY with the following:

- 1. Notification of PROVIDERS that meet the professional qualifications of the COUNTY and who have expressed a desire for continued information regarding the position(s) available through COUNTY.
- 2. Up-to-date Curriculum Vitae.
- 3. State of California Medical License.
- 4. DEA Certificate.
- 5. Residency Training Completion.
- 6. Recent Continuing Medical Education.
- 7. Three (3) written references and two (2) facility verifications (current, within a two-year time frame).
- 8. Notification of any Disciplinary Action report(s) from the Federation of State Medical Boards along with notification of any discrepancies or disciplinary actions against presented PROVIDER.
- 9. American Medical Association (AMA) Credentials Verification Report, upon COUNTY request.
- 10. Verification and results of all reference checks, and any other credentialing documentation as deemed necessary by COUNTY, upon COUNTY request.
- 11. American Board of Medical Specialty Board Certification Certificate (if applicable)
- 12. ECFMG (if applicable)

## CONTRACTOR hereby agrees to:

- 1. Not make job offers to PROVIDER on behalf of the COUNTY. COUNTY will directly communicate job offer to PROVIDER.
- 2. Provide assistance in contract negotiations with the PROVIDER, only upon request by COUNTY.

3. Consult with COUNTY and the PROVIDER regarding relocation dates and facilitation of other needs of the PROVIDER, as necessary, after successful completion of the contractual agreement between PROVIDER and COUNTY, only upon request by COUNTY.

## COUNTY hereby agrees to:

- 1. Designate a representative to coordinate placement activity with CONTRACTOR.
- 2. Keep the CONTRACTOR informed on a weekly basis the status of negotiations with PROVIDER.
- 3. Be responsible for credential verification and privileging of hired PROVIDER.

#### **EXHIBIT C: REVISIONS**

There are revised paragraphs in this Agreement specified as follows:

Delete Page 1, Section 1.0 General Description, Subpart 1.01 and replace with new Section 1.0, Subpart 1.01 to read as follows:

1.01 The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in Exhibit A in conformity with the terms of this Agreement.

The services are generally described as follow: Provide referrals of Locum Tenens Physician Psychiatric Service Providers

Delete Page 1, Section 3.0 Terms of Agreement, Subpart 3.02 and replace with new Subpart 3.02 to read as follows:

3.02 The COUNTY and CONTRACTOR each reserves the right to cancel this Agreement, or any extension of this Agreement, without cause, with a thirty day (30) written notice, or with cause immediately.