

**AMENDMENT NO. 2  
TO MENTAL HEALTH SERVICES AGREEMENT A-12521  
BY AND BETWEEN  
COUNTY OF MONTEREY AND  
EDGEWOOD CENTER FOR CHILDREN AND FAMILIES**

**THIS AMENDMENT NO. 2** is made to Agreement A-12521 by and between **EDGEWOOD CENTER FOR CHILDREN AND FAMILIES**, hereinafter "CONTRACTOR," and the County of Monterey, a political subdivision of the State of California, hereinafter referred to as "COUNTY."

**WHEREAS**, the COUNTY and CONTRACTOR entered into Mental Health Services Agreement A-12521 dated July 16, 2013 (Agreement); and Amendment No. 1 dated March 3, 2015.

**WHEREAS**, the County and CONTRACTOR wish to amend the Agreement to add an additional mental health service to Fiscal Years (FY) 2014-16, and increase funding for FY 2015-16.

**NOW THEREFORE**, the County and CONTRACTOR hereby agree to amend the Agreement in the following manner:

1. EXHIBIT A: PROGRAM DESCRIPTION is replaced by EXHIBIT A-2: PROGRAM DESCRIPTION. All references in the Agreement to EXHIBIT A shall be construed to refer to EXHIBIT A-2.
2. EXHIBIT B: PAYMENT AND BILLING PROVISIONS is replaced by EXHIBIT B-2: PAYMENT AND BILLING PROVISIONS. All references in the Agreement to EXHIBIT B shall be construed to refer to EXHIBIT B-2.
3. EXHIBIT F: BUSINESS ASSOCIATE AGREEMENT is replaced by EXHIBIT F-2: BUSINESS ASSOCIATE AGREEMENT. All references in the Agreement to EXHIBIT F shall be construed to refer to EXHIBIT F-2.
4. Except as provided herein, all remaining terms, conditions and provisions of the Agreement A-12521 are unchanged and unaffected by this AMENDMENT NO. 2 and shall continue in full force and effect as set forth in the Agreement.
5. A copy of this AMENDMENT NO. 2 shall be attached to the original Agreement executed by the COUNTY on July 16, 2013.

IN WITNESS WHEREOF, County and CONTRACTOR have executed this Amendment No. 2 as of the day and year written below.

COUNTY OF MONTEREY

EDGEWOOD CENTER  
FOR CHILDREN AND FAMILIES

\_\_\_\_\_  
Contracts/Purchasing Officer

Dated: \_\_\_\_\_

\_\_\_\_\_  
Department Head (if applicable)

Dated: \_\_\_\_\_

Approved as to Fiscal Provisions<sup>2</sup>

  
\_\_\_\_\_  
Auditor/Controller

Dated: \_\_\_\_\_

Approved as to Liability Provisions<sup>3</sup>

\_\_\_\_\_  
Risk Management

Dated: \_\_\_\_\_


Approved as to Form <sup>1</sup>

  
\_\_\_\_\_  
Deputy County Counsel

Dated: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Signature of Chair, President, or  
Vice-President

  
~~Matthew Madaus, Chief Executive Officer~~  
\_\_\_\_\_  
Printed Name and Title

Dated: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Secretary, Asst. Secretary, CFO,  
Treasurer or Asst. Treasurer)\*

**Melek Totah, Chief of Finance and Administration**

\_\_\_\_\_  
Printed Name and Title

Dated: \_\_\_\_\_

\*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.

<sup>1</sup>Approval by County Counsel is required; if Agreement is \$100,000 and less approval by County Counsel is required only when modifications are made to any of the Agreement's standardized terms and conditions

<sup>2</sup>Approval by Auditor-Controller is required

<sup>3</sup>Approval by Risk Management is necessary only if changes are made in Sections XI or XII

## **EXHIBIT A-2: PROGRAM DESCRIPTION**

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### **PROGRAM I**

#### **I. IDENTIFICATION OF PROVIDER**

Edgewood Center for Children and Families  
1801 Vicente St.  
San Francisco, CA 94116

#### **II. PROGRAM NARRATIVE**

Edgewood Center for Children and Families will provide Day Treatment Intensive Services, Therapeutic Behavioral Services, Medication Support, Crisis Intervention Services, and Mental Health Services to youth that require the highest level of residential care or that would require periodic inpatient hospitalization, placement at out-of-state facilities, or in a juvenile justice facility.

#### **III. GOAL**

To return the youth to living at home or a lower level of care by reducing emotional/behavioral symptoms.

#### **IV. OBJECTIVES**

- A. Reduce inappropriate behavior and/or psychiatric symptoms to a level that the youth can return home or to a lower level of care.
- B. Help youth develop age appropriate potential and functionality within the youth's community.
- C. Improve academic achievement.

#### **V. TREATMENT SERVICES**

- A. Mode of Service: Day Treatment Intensive and Outpatient

Contracted Units of Service by Type and Mode each fiscal year:

##### **FY 2013-14 (4 placements)**

- 1. 1,460 estimated days of Day Treatment Intensive (full day) services
- 2. 3,512 estimated minutes of Medication Support services
- 3. 14,056 estimated minutes of Mental Health services
- 4. 343 estimated minutes of Crisis Intervention services

##### **FY 2014-15 (4 placements)**

- 1. 4,499 estimated minutes of Crisis Intervention services
- 2. 7,244 estimated minutes of Medication Support services
- 3. 8,643 estimated minutes of Case Management
- 4. 107,023 estimated minutes of Collateral, Individual Therapy, Group Therapy, Mental Health Rehab, Therapeutic Behavioral Services, Assessment and Evaluation, and Plan Development
- 5. 619 estimated minutes of Family Therapy services

**FY 2015-16 (4 placements)**

1. 4,499 estimated minutes of Crisis Intervention Services
2. 7,244 estimated minutes of Medication Support Services
3. 8,643 estimated minutes of Case Management
4. 150,000 estimated minutes of Collateral, Individual Therapy, Group Therapy, Mental Health Rehab, Therapeutic Behavioral Services, Assessment and Evaluation, Plan Development, and Family Therapy services.

**B. Contracted Group Home RCL14 Board and Care services**

**FY 2013-14 (2 placements)**

Approximately 4 months of Group Home RCL14 Board and Care services

**FY 2014-15 (4 placements)**

Approximately 48 months of Group Home RCL14 Board and Care services

**FY 2015-16 (4 placements)**

Approximately 48 months of Group Home RCL14 Board and Care services

**C. Delivery Site:**

Edgewood Center for Children and Families  
1801 Vicente St.  
San Francisco, CA 94116

**D. Hours of Operation:**

Day Treatment Intensive services shall operate more than 4 hours per day, seven days a week. Mental Health services, other than family therapy, will be offered on non-day treatment days. Medication Support services will be available by appointment.

**VI. POPULATION/CATCHMENT AREA TO BE SERVED**

This current agreement is for four (4) eligible residents of Monterey County. New eligible residents of Monterey County referred to Edgewood will require an amendment to this agreement.

**VII. FINANCIAL ELIGIBILITY**

Monterey County youth who are full scope Medi-Cal eligible and have been screened through the County interagency placement committee or any youth that have been placed through the Individualized Education Plan (IEP). Undocumented youth require pre-authorization by the Behavioral Health Director of Monterey County.

**VIII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION**

Referrals for admission to this program will be initiated exclusively by the Mental Health Division Case Management staff after an initial screening. Admission to the program will involve youth who are voluntary participants or who are wards or dependents of the court. Screening criteria will be based on degree of emotional disturbance, a designated funding source, and the inability to utilize a less restrictive placement. Admission will be the sole authority of the CONTRACTOR. Day Treatment services require prior authorization and

this authorization must be renewed every three (3) months for Day Treatment Intensive. Mental Health Services also requires prior authorization. Medication Support, beyond two visits per month, requires prior authorization. The contracted duration of treatment is limited to one year; any extension requires consultation with the Mental Health Case Manager and approval of the Contract Monitor.

**IX. CLIENT DESCRIPTION/CHARACTERISTICS**

The population served: Children and adolescents ages 5-18 with:

- A. Severe emotional and behavioral disturbances.
- B. Axis I diagnosis indicating mental impairment or behavioral disturbance and substantial
- C. Impairment in two of the following areas:
  - 1. Self-care
  - 2. Family relationships
  - 3. Ability to function in the community
  - 4. School functioning; and
- D. One or all of the following:
  - 1. Severe acting out episodes
  - 2. History of self-destructive behavior
  - 3. Catastrophic reactions to everyday occurrences
  - 4. History of inpatient hospitalization

**X. LEGAL STATUS**

Voluntary or juvenile dependents and wards (W&I Code, Sections 300 et seq. and Sections 601 & 602 et seq.).

**XI. COVERAGE**

Five days a week for Day Treatment Intensive services. Mental Health and Medication Support services determined to be medically necessary and designated on the service plan.

**XII. DESIGNATED CONTRACT MONITOR**

Rosemarie Oliva De La Cruz or Designee  
Children's Behavioral Health Services Unit Supervisor  
951 Blanco Circle, Suite B  
Salinas, CA 93901  
(831)784-2152

## **PROGRAM II: HOSPITAL DIVERSION**

### **I. IDENTIFICATION OF PROVIDER**

Edgewood Center for Children and Families  
1801 Vicente St.  
San Francisco, CA 94116

### **II. PROGRAM NARRATIVE**

Edgewood Hospital Diversion offers a residentially-based alternative to psychiatric hospital care, shelter care, or under-resourced temporary placements for children ages 6 to 17 years old. The program's goal is to assess and stabilize youth. Parents and caregivers are provided intensive support to bring youth home as soon as possible.

Edgewood Hospital Diversion serves youth and families who may be experiencing acute stress, psychiatric, behavioral health and/or family problems. Discharge planning begins at intake, and youth return to their natural environment with a coordinated and family-focused treatment plan. The path to wellbeing is unique for every child. Edgewood's program is designed to assess and support the full range of a youth and family's needs by having the youth and family participate in an intensive interdisciplinary assessment in order to provide an enriched understanding of their needs.

Treatment focuses on understanding each youth in the context of their medical, psychological, and social-family needs and creating a comprehensive treatment plan individualized for each youth. The treatment team is a multidisciplinary group which includes a child psychiatrist, a mental health clinician, registered nurse, special education specialist, and the youth and family. Referring clinicians and primary care physicians who continue to be involved in the treatment are invited to attend as needed.

### **III. GOAL**

To return the youth to their natural environment with a coordinated and family-focused treatment plan.

### **IV. OBJECTIVES**

- A. Reduce inappropriate behavior and/or psychiatric symptoms to a level that the youth can return home or to a lower level of care.
- B. Help youth develop age appropriate potential and functionality within the youth's community.

### **V. TREATMENT SERVICES**

- A. Mode of Service: Hospital Diversion Program

Contracted Units of Service by Type and Mode each fiscal year:

#### **FY 2013-14 (1 placement)**

365 estimated days of Hospital Diversion Program services

#### **FY 2014-15 (1 placement)**

365 estimated days of Hospital Diversion Program services

**FY 2015-16 (1 placements)**

202 estimated days of Hospital Diversion Program services

The Hospital Diversion includes Room and Board including the following:

- Intake evaluation for assessment and treatment planning
- Daily therapeutic classroom and educational support services
- Daily staffing, client review and safety planning
- 7 day per week nursing coverage
- Non-clinical case management, including coordination of care and concurrent utilization review with insurance plan
- Family visitation and non-clinical family support services

C. **Delivery Site:**

Edgewood Center for Children and Families  
1801 Vicente St.  
San Francisco, CA 94116

D. **Hours of Operation:**

Hospital Diversion Program shall operate 24 hours per day, seven days a week.

**VI. POPULATION/CATCHMENT AREA TO BE SERVED**

This current agreement is for one (1) eligible resident of Monterey County. New eligible residents of Monterey County referred to the Hospital Diversion Program will require an amendment to this agreement.

**VII. FINANCIAL ELIGIBILITY**

Monterey County youth who are full scope Medi-Cal eligible and have been screened through the County interagency placement committee or any youth that have been placed through the Individualized Education Plan (IEP). Undocumented youth require pre-authorization by the Behavioral Health Director of Monterey County.

**VIII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION**

Referrals for admission to this program will be initiated exclusively by the Mental Health Division Case Management staff after an initial screening. Admission to the program will involve youth who are voluntary participants or who are wards or dependents of the court. Screening criteria will be based on degree of emotional disturbance, a designated funding source, and the inability to utilize a less restrictive placement. Admission will be the sole authority of the CONTRACTOR. The contracted duration of treatment is limited to one year; any extension requires consultation with the Mental Health Case Manager and approval of the Contract Monitor.

**IX. CLIENT DESCRIPTION/CHARACTERISTICS**

The population served: Children and adolescents ages 6-17 with:

- A. Severe emotional and behavioral disturbances.
- B. Axis I diagnosis indicating mental impairment or behavioral disturbance and substantial

- C. Impairment in two of the following areas:
  - 1. Self-care
  - 2. Family relationships
  - 3. Ability to function in the community
  - 4. School functioning; and
- D. One or all of the following:
  - 1. Severe acting out episodes
  - 2. History of self-destructive behavior
  - 3. Catastrophic reactions to everyday occurrences
  - 4. History of inpatient hospitalization

**X. LEGAL STATUS**

Voluntary or juvenile dependents and wards (W&I Code, Sections 300 et seq. and Sections 601 & 602 et seq.).

**XI. COVERAGE**

Seven days a week for the Hospital Diversion Program. Mental Health and Medication Support services determined to be medically necessary and designated on the service plan.

**XII. DESIGNATED CONTRACT MONITOR**

Rosemarie Oliva De La Cruz or Designee  
Children's Behavioral Health Services Unit Supervisor  
951 Blanco Circle, Suite B  
Salinas, CA 93901  
(831)784-2152



## EXHIBIT B-2: PAYMENT AND BILLING PROVISIONS

### PAYMENT PROVISIONS

#### I. PAYMENT TYPES

Cost Reimbursement up to maximum contract amount.

#### II. PAYMENT AUTHORIZATION FOR SERVICES

The COUNTY'S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B is contingent upon COUNTY authorized admission and service, and CONTRACTOR'S commitment to provide care and services in accordance with the terms of this Agreement.

#### III. PAYMENT RATE

PROVISIONAL RATE: NEGOTIATED RATE

CONTRACTOR shall be paid at the negotiated rate, which are provisional and subject to all the cost report conditions as set forth in this Exhibit B. Group Home services shall be paid at the rate established by the State of California- Health and Human Services Agency Department of Social Services. The following program services will be paid in arrears, not to exceed the negotiated rates for a total maximum of **\$3,063,234**.

#### PROGRAM I Contracted Amounts

| FISCAL YEAR 2013-2014           |                 |                       |                                  |                       |           |
|---------------------------------|-----------------|-----------------------|----------------------------------|-----------------------|-----------|
| Service Description             | Mode of Service | Service Function Code | Est. Reimbursement Rate per Unit | Est. Units of Service | Amount    |
| Day Treatment Intensive (Day)   | 10              | 85                    | \$202.43                         | 1,460 minutes         | \$295,548 |
| Medication Support Services     | 15              | 60                    | \$4.82                           | 3,512 minutes         | \$16,928  |
| Mental Health Services          |                 |                       |                                  | 14,056 minutes        | \$36,687  |
| Case Management                 | 15              | 01                    | \$2.02                           |                       |           |
| Collateral                      | 15              | 10                    | \$2.61                           |                       |           |
| Individual Therapy              | 15              | 40                    | \$2.61                           |                       |           |
| Group Therapy                   | 15              | 50                    | \$2.61                           |                       |           |
| Mental Health Rehab             | 15              | 45                    | \$2.61                           |                       |           |
| Therapeutic Behavioral Services | 15              | 58                    | \$2.61                           |                       |           |
| MAXIMUM AGREEMENT AMOUNT PER FY |                 |                       |                                  |                       | \$349,163 |

FY 2013-14 mental health service and emergency placement for board and care is prorated to reflect intake and discharge dates and is to be paid through FY 2014-15 Amount.

| FISCAL YEAR 2013-2014            |                 |                       |                                  |                       |          |
|----------------------------------|-----------------|-----------------------|----------------------------------|-----------------------|----------|
| Service Description              | Mode of Service | Service Function Code | Est. Reimbursement Rate per Unit | Est. Units of Service | Amount   |
| Crisis Intervention Services     | 15              | 70                    | \$3.88                           | 343                   | \$1,331  |
| Group Home RCL 14 Board and Care |                 |                       | x State Board and Care Rate      | 4 months              | \$27,094 |
| MAXIMUM AGREEMENT AMOUNT PER FY  |                 |                       |                                  |                       | \$28,425 |

| FISCAL YEAR 2014-2015            |                 |                       |                                  |                       |           |
|----------------------------------|-----------------|-----------------------|----------------------------------|-----------------------|-----------|
| Service Description              | Mode of Service | Service Function Code | Est. Reimbursement Rate per Unit | Est. Units of Service | Amount    |
| Crisis Intervention Services     | 15              | 70                    | \$3.88                           | 4,499 minutes         | \$17,457  |
| Medication Support Services      | 15              | 60                    | \$4.82                           | 7,244 minutes         | \$34,917  |
| Case Management                  | 15              | 01                    | \$2.02                           | 8,643 minutes         | \$17,459  |
| Mental Health Services           |                 |                       |                                  |                       |           |
| Collateral                       | 15              | 10                    | \$2.61                           | 107,023 minutes       | \$279,330 |
| Individual Therapy               | 15              | 40                    | \$2.61                           |                       |           |
| Group Therapy                    | 15              | 50                    | \$2.61                           |                       |           |
| Mental Health Rehab              | 15              | 45                    | \$2.61                           |                       |           |
| Therapeutic Behavioral Services  | 15              | 58                    | \$2.61                           |                       |           |
| Assessment and Evaluation        | 15              | 30                    | \$2.61                           |                       |           |
| Plan Development                 | 15              | 45                    | \$2.61                           |                       |           |
| Group Home RCL 14 Board and Care |                 |                       | x State Board and Care Rate      | 48 months             | \$474,192 |
| MAXIMUM AGREEMENT AMOUNT PER FY  |                 |                       |                                  |                       | \$823,355 |

FY 2014-15 mental health service is prorated and is to be paid through FY 2015-16 Amount.

| FISCAL YEAR 2014-2015           |                 |                       |                                  |                       |         |
|---------------------------------|-----------------|-----------------------|----------------------------------|-----------------------|---------|
| Service Description             | Mode of Service | Service Function Code | Est. Reimbursement Rate per Unit | Est. Units of Service | Amount  |
| Family Therapy                  | 15              | 30                    | \$2.61                           | 619 minutes           | \$1,616 |
| MAXIMUM AGREEMENT AMOUNT PER FY |                 |                       |                                  |                       | \$1,616 |

| FISCAL YEAR 2015-2016            |                 |                       |                                  |                       |           |
|----------------------------------|-----------------|-----------------------|----------------------------------|-----------------------|-----------|
| Service Description              | Mode of Service | Service Function Code | Est. Reimbursement Rate per Unit | Est. Units of Service | Amount    |
| Crisis Intervention Services     | 15              | 70                    | \$4.19                           | 4,499 minutes         | \$18,851  |
| Medication Support Services      | 15              | 60                    | \$5.21                           | 7,244 minutes         | \$37,742  |
| Case Management                  | 15              | 01                    | \$2.18                           | 8,643 minutes         | \$18,842  |
| Mental Health Services           |                 |                       |                                  |                       |           |
| Collateral                       | 15              | 10                    | \$2.82                           | 150,000 minutes       | \$423,000 |
| Individual Therapy               | 15              | 40                    | \$2.82                           |                       |           |
| Group Therapy                    | 15              | 50                    | \$2.82                           |                       |           |
| Mental Health Rehab              | 15              | 45                    | \$2.82                           |                       |           |
| Therapeutic Behavioral Services  | 15              | 58                    | \$2.82                           |                       |           |
| Assessment and Evaluation        | 15              | 30                    | \$2.82                           |                       |           |
| Plan Development                 | 15              | 45                    | \$2.82                           |                       |           |
| Family Therapy                   | 15              | 30                    | \$2.82                           |                       |           |
| Group Home RCL 14 Board and Care |                 |                       | x State Board and Care Rate      | 48 months             | \$486,240 |
| MAXIMUM AGREEMENT PER FY         |                 |                       |                                  |                       | \$984,675 |

## PROGRAM I Contracted Amounts, continued

|  |             |
|--|-------------|
| MAXIMUM AGREEMENT AMOUNT FY 2013-14          | \$349,163   |
| MAXIMUM AGREEMENT AMOUNT FY 2014-15          | \$851,780   |
| MAXIMUM AGREEMENT AMOUNT FY 2015-16          | \$986,291   |
| PROGRAM I: TOTAL MAXIMUM AGREEMENT LIABILITY | \$2,187,234 |

## PROGRAM II Contracted Amounts

| Program II: Hospital Diversion Program |                       |                                  |                 |
|--|-----------------------|----------------------------------|-----------------|
| Fiscal Year                            | Est. Units of Service | Est. Reimbursement Rate per Unit | FY Total Amount |
| FY 2013-14                             | 365                   | \$800                            | \$292,000       |
| FY 2014-15                             | 365                   | \$800                            | \$292,000       |
| FY 2015-16                             | 202                   | \$1,439                          | \$292,000       |
| MAXIMUM AGREEMENT AMOUNT PER FY        |                       |                                  | \$876,000       |

## IV. PAYMENT CONDITIONS

- A. If CONTRACTOR is seeking reimbursement for eligible services funded by the Short-Doyle/Medi-Cal, Mental Health Services Act ("MHSA"), SB 90., Federal or State Grants, and/or COUNTY funds provided pursuant to this Agreement, reimbursement for such services shall be based on actual cost of providing those services less any deductible revenues collected by the CONTRACTOR from other payer sources. In order to reduce COUNTY costs, the CONTRACTOR shall comply with all applicable provisions of the California Welfare and Institutions Code (WIC), the California Code of Regulations, the Code of Federal Regulations, and the federal Social Security Act related to reimbursements by non-County and non-State sources, including, but not limited to, collecting reimbursements for services from clients (which shall be the same as patient fees established pursuant to WIC section 5710) and from private or public third-party payers.

CONTRACTOR shall not claim reimbursement from COUNTY for (or apply sums received from COUNTY with respect to) that portion of its obligations which has been paid by another source of revenue. If CONTRACTOR is seeking reimbursement for mental health services provided pursuant to this Agreement, reimbursement for such services shall be based upon the actual allowable costs of providing those services less any deductible revenues, as stated above. Notwithstanding any other provision of this Agreement, in no event may CONTRACTOR request a rate that exceeds the COUNTY'S Maximum Allowances (CMA), which is based on the most recent State's Schedule of Maximum Allowances (SMA) as established by the State's Department of Mental Health. The SMA Schedule shall be used until COUNTY establishes the COUNTY'S rate Schedule of Maximum Allowances. CONTRACTOR shall be responsible for costs that exceed applicable CMAs. In no case shall payments to CONTRACTOR exceed CMAs. In addition to the CMA limitation, in no event shall the

maximum reimbursement that will be paid by COUNTY to CONTRACTOR under this Agreement for any Program Amount be more than the amount identified for each Program Amount for each Funded Program, as identified in this Exhibit B, Section III. Said amounts shall be referred to as the "Maximum Obligation of County," as identified in this Exhibit B, Section V.

- B. To the extent a recipient of services under this Agreement is eligible for coverage under Short-Doyle/Medi-Cal or Medicaid or Medicare or any other Federal or State funded program ("an eligible beneficiary"), CONTRACTOR shall ensure that services provided to eligible beneficiaries are properly identified and claimed to the Funded Program responsible for such services to said eligible beneficiaries. For the Short-Doyle/Medi-Cal Funded Program, CONTRACTOR assumes fiscal responsibility for services provided to all individuals who do not have full-scope Medi-Cal or are not Medi-Cal eligible during the term of this Agreement.
- C. CONTRACTOR shall be responsible for delivering services to the extent that funding is provided by the COUNTY. To the extent that CONTRACTOR does not have funds allocated in the Agreement for a Funded Program that pays for services to a particular eligible beneficiary, CONTRACTOR shall, at the first opportunity, refer said eligible beneficiary to another CONTRACTOR or COUNTY facility within the same geographic area to the extent feasible, which has available funds allocated for that Funded Program.
- D. In order to receive any payment under this Agreement, CONTRACTOR shall submit reports and claims in such form as General Ledger, Payroll Report and other accounting documents as needed, and as may be required by the County of Monterey Department of Health, Behavioral Health Bureau. Specifically, CONTRACTOR shall submit its claims on Cost Reimbursement Invoice Form provided as Exhibit G, to this Agreement, along with backup documentation, on a monthly basis, to COUNTY so as to reach the Behavioral Health Bureau no later than the thirtieth (30<sup>th</sup>) day of the month following the month of service. See Section III, above, for payment amount information to be reimbursed each fiscal year period of this Agreement. The amount requested for reimbursement shall be in accordance with the approved budget and shall not exceed the actual net costs incurred for services provided under this Agreement.

CONTRACTOR shall submit via email a monthly claim using Exhibit G, Cost Reimbursement Invoice Form in Excel format with electronic signature along with supporting documentations, as may be required by the COUNTY for services rendered to:

[MCHDBHFinance@co.monterey.ca.us](mailto:MCHDBHFinance@co.monterey.ca.us)

- E. CONTRACTOR shall submit all claims for reimbursement under this Agreement within thirty (30) calendar days after the termination or end date of this Agreement. All claims not submitted after thirty (30) calendar days following the termination or end date of this Agreement shall not be subject to reimbursement by the COUNTY. Any claim(s) submitted for services that preceded thirty (30) calendar days prior to the termination or end date of this Agreement may be disallowed, except to the extent that such failure was through no fault of CONTRACTOR. Any "obligations incurred" included in claims for reimbursements and paid by the COUNTY which remain unpaid by the CONTRACTOR

after thirty (30) calendar days following the termination or end date of this Agreement shall be disallowed, except to the extent that such failure was through no fault of CONTRACTOR under audit by the COUNTY.

- F. If CONTRACTOR fails to submit claim(s) for services provided under the terms of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
- G. 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 County Auditor-Controller shall pay the amount certified within thirty (30) calendar days of receiving the certified invoice.
- H. To the extent that the COUNTY determines CONTRACTOR has improperly claimed services to a particular Program Amount, COUNTY may disallow payment of said services and require CONTRACTOR to resubmit said claim of services for payment from the correct Program Amount, or COUNTY may make corrective accounting transactions to transfer the payment of the services to the appropriate Program Amount.
- I. 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 twenty (20) calendar 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.

#### **V. MAXIMUM OBLIGATION OF COUNTY**

- A. Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **\$3,063,234** for services rendered under this Agreement.

- B. Maximum Annual Liability:

| <b>FISCAL YEAR LIABILITY</b>   | <b>AMOUNT</b>      |
|--------------------------------|--------------------|
| July 1, 2013 to June 30, 2014  | \$641,163          |
| July 1, 2014 to June 30, 2015  | \$1,143,780        |
| July 1, 2015 to June 30, 2016  | \$1,278,291        |
| <b>TOTAL MAXIMUM LIABILITY</b> | <b>\$3,063,234</b> |

- C. If, as of the date of signing this Agreement, CONTRACTOR has already received payment from COUNTY for services rendered under this Agreement, such amount shall be deemed to have been paid out under this Agreement and shall be counted towards COUNTY'S maximum liability under this Agreement.

- D. If for any reason this Agreement is canceled, COUNTY'S maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed above.
- E. As an exception to Section D. above with respect to the Survival of Obligations after Termination, COUNTY, any payer, and CONTRACTOR shall continue to remain obligated under this Agreement with regard to payment for services required to be rendered after termination.

## **VI. BILLING AND PAYMENT LIMITATIONS**

- A. Provisional Payments: COUNTY payments to CONTRACTOR for performance of eligible services hereunder are provisional until the completion of all settlement activities and audits, as such payments are subject to future Federal, State and/or COUNTY adjustments. COUNTY adjustments to provisional payments to CONTRACTOR may be based upon COUNTY'S claims processing information system data, State adjudication of Medi-Cal and Healthy Families claims files, contractual limitations of this Agreement, annual cost and MHSA reports, application of various Federal, State, and/or COUNTY reimbursement limitations, application of any Federal, State, and/or COUNTY policies, procedures and regulations, and/or Federal, State, or COUNTY audits, all of which take precedence over monthly claim reimbursements.
- B. Allowable Costs: Allowable costs shall be the CONTRACTOR'S actual costs of developing, supervising and delivering the services under this Agreement, as set forth in the Budget provided in Exhibit H. Only the costs listed in Exhibit H of this Agreement as contract expenses may be claimed as allowable costs. Any dispute over whether costs are allowable shall be resolved in accordance with the provisions of applicable Federal, State and COUNTY regulations.
- C. Cost Control: CONTRACTOR shall not exceed by more than twenty (20%) percent any contract expense line item amount in the budget without the written approval of COUNTY, given by and through the Contract Administrator or Contract Administrator's designee. CONTRACTOR shall submit an amended budget using Exhibit H, or on a format as required by the COUNTY, with its request for such approval. Such approval shall not permit CONTRACTOR to receive more than the maximum total amount payable under this Agreement. Therefore, an increase in one line item shall require corresponding decreases in other line items.
- D. Other Limitations for Certain Funded Programs: In addition to all other limitations provided in this Agreement, reimbursement for services rendered under certain Funded Programs may be further limited by rules, regulations and procedures applicable only to that Funded Program. CONTRACTOR shall be familiar with said rules, regulations and procedures and submit all claims in accordance therewith.
- E. Adjustment of Claims Based on Other Data and Information: The COUNTY shall have the right to adjust claims based upon data and information that may include, but are not

limited to, COUNTY'S claims processing information system reports, remittance advices, State adjudication of Medi-Cal claims, and billing system data.

**VII. LIMITATION OF PAYMENTS BASED ON FUNDING AND BUDGETARY RESTRICTIONS**

- A. This Agreement shall be subject to any restrictions, limitations, or conditions imposed by State which may in any way affect the provisions or funding of this Agreement, including, but not limited to, those contained in State's Budget Act.
- B. This Agreement shall also be subject to any additional restrictions, limitations, or conditions imposed by the Federal government which may in any way affect the provisions or funding of this Agreement.
- C. In the event that the COUNTY'S Board of Supervisors adopts, in any fiscal year, a COUNTY Budget which provides for reductions in COUNTY Agreements, the COUNTY reserves the right to unilaterally reduce its payment obligation under this Agreement to implement such Board reductions for that fiscal year and any subsequent fiscal year during the term of this Agreement, correspondingly. The COUNTY'S notice to the CONTRACTOR regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such action.
- D. Notwithstanding any other provision of this Agreement, COUNTY shall not be obligated for CONTRACTOR'S performance hereunder or by any provision of this Agreement during any of COUNTY'S current or future fiscal year(s) unless and until COUNTY'S Board of Supervisors appropriates funds for this Agreement in COUNTY'S Budget for each such fiscal year. In the event funds are not appropriated for this Agreement, then this Agreement shall terminate as of June 30 of the last fiscal year for which funds were appropriated. COUNTY shall notify CONTRACTOR of any such non-appropriation of funds at the earliest possible date and the services to be provided by the CONTRACTOR under this Agreement shall also be reduced or terminated.

**VIII. BILLING PROCEDURES AND LIMITATIONS ON COUNTY'S FINANCIAL RESPONSIBILITY FOR PAYMENT OF SERVICES UNDER FEDERAL SOCIAL SECURITY ACT, TITLE XIX SHORT-DOYLE/MEDI-CAL SERVICES AND/OR TITLE XXI HEALTHY FAMILIES**

The Short-Doyle/Medi-Cal (SD/MC) claims processing system enables California county Mental Health Plans (MHPs) to obtain reimbursement of Federal funds for medically necessary specialty mental health services provided to Medi-Cal-eligible beneficiaries and to Healthy Families subscribers diagnosed as Seriously Emotionally Disturbed (SED). The Mental Health Medi-Cal program oversees the SD/MC claims processing system. Authority for the Mental Health Medi-Cal program is governed by Federal and California statutes.

- A. If, under this Agreement, CONTRACTOR has Funded Programs that include Short-Doyle/Medi-Cal services and/or Healthy Families services, CONTRACTOR shall certify in writing annually, by August 1 of each year, that all necessary documentation shall

exist at the time any claims for Short-Doyle/Medi-Cal services and/or Healthy Families services are submitted by CONTRACTOR to COUNTY.

CONTRACTOR shall be solely liable and responsible for all service data and information submitted by CONTRACTOR.

- B. CONTRACTOR acknowledges and agrees that the COUNTY, in under taking the processing of claims and payment for services rendered under this Agreement for these Funded Programs, does so as the Mental Health Plan for the Federal, State and local governments.
- C. CONTRACTOR shall submit to COUNTY all Short-Doyle/Medi-Cal, and/or Healthy Families claims or other State required claims data within the thirty (30) calendar day time frame(s) as prescribed by this Agreement to allow the COUNTY to meet the time frames prescribed by the Federal and State governments. COUNTY shall have no liability for CONTRACTOR'S failure to comply with the time frames established under this Agreement and/or Federal and State time frames, except to the extent that such failure was through no fault of CONTRACTOR.
- D. COUNTY, as the Mental Health Plan, shall submit to the State in a timely manner claims for Short-Doyle/Medi-Cal services, and/or Healthy Families services only for those services/activities identified and entered into the COUNTY'S claims processing information system which are compliant with Federal and State requirements. COUNTY shall make available to CONTRACTOR any subsequent State approvals or denials of such claims upon request by the CONTRACTOR.
- E. CONTRACTOR acknowledges and agrees that COUNTY'S final payment for services and activities claimed by CONTRACTOR Short-Doyle/Medi-Cal services and/or Healthy Families services is contingent upon reimbursement from the Federal and State governments and that COUNTY'S provisional payment for said services does not render COUNTY in any way responsible for payment of, or liable for, CONTRACTOR'S claims for payment for these services.
- F. CONTRACTOR'S ability to retain payment for such services and/or activities is entirely dependent upon CONTRACTOR'S compliance with all laws and regulations related to same.
- G. Notwithstanding any other provision of this Agreement, CONTRACTOR shall hold COUNTY harmless from and against any loss to CONTRACTOR resulting from the denial or disallowance of claim(s) for or any audit disallowances related to said services, including any State approved Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/activities, by the Federal, State or COUNTY governments, or other applicable payer source, unless the denial or disallowance was due to the fault of the COUNTY.
- H. CONTRACTOR shall repay to COUNTY the amount paid by COUNTY to CONTRACTOR for Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative



Activities, and/or Title XXI Healthy Families services/ activities subsequently denied or disallowed by Federal, State and/or COUNTY government.

- I. Notwithstanding any other provision of this Agreement, CONTRACTOR agrees that the COUNTY may offset future payments to the CONTRACTOR and/or demand repayment from CONTRACTOR when amounts are owed to the COUNTY pursuant to Subparagraphs G. and H. above. Such demand for repayment and CONTRACTOR'S repayment shall be in accordance with Exhibit I, Section IV (Method of Payments for Amounts Due to County) of this Agreement.
- J. CONTRACTOR shall comply with all written instructions provided to CONTRACTOR by the COUNTY, State or other applicable payer source regarding claiming and documentation.
- K. Nothing in this Section VIII shall be construed to limit CONTRACTOR'S rights to appeal Federal and State settlement and/or audit findings in accordance with the applicable Federal and State regulations.

**IX. PATIENT/CLIENT ELIGIBILITY, UMDAP FEES, THIRD PARTY REVENUES, AND INTEREST**

- A. CONTRACTOR shall comply with all Federal, State and COUNTY requirements and procedures relating to:
  - 1. The determination and collection of patient/client fees for services hereunder based on the Uniform Method of Determining Payment (UMDAP), in accordance with the State Department of Mental Health guidelines and WIC sections 5709 and 5710.
  - 2. The eligibility of patients/clients for Short-Doyle/Medi-Cal, Medicaid, Medicare, private insurance, or other third party revenue, and the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. CONTRACTOR shall pursue and report collection of all patient/client and other revenue.
- B. All fees paid by patients/clients receiving services under this Agreement and all fees paid on behalf of patients/clients receiving services hereunder shall be utilized by CONTRACTOR only for the delivery of mental health service/activities specified in this Agreement.
- C. CONTRACTOR may retain unanticipated program revenue, under this Agreement, for a maximum period of one Fiscal Year, provided that the unanticipated revenue is utilized for the delivery of mental health services/activities specified in this Agreement. CONTRACTOR shall report the expenditures for the mental health services/activities funded by this unanticipated revenue in the Annual Report(s) and Cost Report Settlement submitted by CONTRACTOR to COUNTY.

- D. CONTRACTOR shall not retain any fees paid by any sources for, or on behalf of, Medi-Cal beneficiaries without deducting those fees from the cost of providing those mental health services for which fees were paid.
- E. CONTRACTOR may retain any interest and/or return which may be received, earned or collected from any funds paid by COUNTY to CONTRACTOR, provided that CONTRACTOR shall utilize all such interest and return only for the delivery of mental health services/activities specified in this Agreement.
- F. Failure of CONTRACTOR to report in all its claims and in its Annual Report(s) and Cost Report Settlement all fees paid by patients/clients receiving services hereunder, all fees paid on behalf of patients/clients receiving services hereunder, all fees paid by third parties on behalf of Medi-Cal beneficiaries receiving services and/or activities hereunder, and all interest and return on funds paid by COUNTY to CONTRACTOR, shall result in:
  - 1. CONTRACTOR'S submission of a revised claim statement and/or Annual Report(s) and Cost Report Settlement showing all such non-reported revenue.
  - 2. A report by COUNTY to State of all such non-reported revenue including any such unreported revenue paid by any sources for or on behalf of Medi-Cal beneficiaries and/or COUNTY'S revision of the Annual Report(s).
  - 3. Any appropriate financial adjustment to CONTRACTOR'S reimbursement.

**X. CASH FLOW ADVANCE IN EXPECTATION OF SERVICES/ ACTIVITIES TO BE RENDERED OR FIXED RATE PAYMENTS**

- A. The Maximum Contract Amount for each period of this Agreement includes Cash Flow Advance (CFA) or fixed rate payments which is an advance of funds to be repaid by CONTRACTOR through the provision of appropriate services/activities under this Agreement during the applicable period.
- B. For each month of each period of this Agreement, COUNTY shall reimburse CONTRACTOR based upon CONTRACTOR'S submitted claims for rendered services/activities subject to claim edits, and future settlement and audit processes.
- C. CFA shall consist of, and shall be payable only from, the Maximum Contract Amount for the particular fiscal year in which the related services are to be rendered and upon which the request(s) is (are) based.
- D. CFA is intended to provide cash flow to CONTRACTOR pending CONTRACTOR'S rendering and billing of eligible services/activities, as identified in this Exhibit B, Sections III. and V., and COUNTY payment thereof. CONTRACTOR may request each monthly Cash Flow Advance only for such services/activities and only to the extent that there is no reimbursement from any public or private sources for such services/activities.
- E. Cash Flow Advance (CFA) Invoice. For each month for which CONTRACTOR is eligible to request and receive a CFA, CONTRACTOR must submit to the COUNTY an invoice of a CFA in a format that is in compliance with the funding source and the

amount of CFA CONTRACTOR is requesting. In addition, the CONTRACTOR must submit supporting documentation of expenses incurred in the prior month to receive future CFAs.

- F. Upon receipt of the Invoice, COUNTY, shall determine whether to approve the CFA and, if approved, whether the request is approved in whole or in part.
- G. If a CFA is not approved, COUNTY will notify CONTRACTOR within ten (10) business days of the decision, including the reason(s) for non-approval. Thereafter, CONTRACTOR may, within fifteen (15) calendar days, request reconsideration of the decision.
- H. Year-end Settlement. CONTRACTOR shall adhere to all settlement and audit provisions specified in Exhibit I, of this Agreement, for all CFAs received during the fiscal year.
- I. Should CONTRACTOR request and receive CFAs, CONTRACTOR shall exercise cash management of such CFAs in a prudent manner.

#### **XI. AUTHORITY TO ACT FOR THE COUNTY**

The Director of the Health Department of the County of Monterey may designate one or more persons within the County of Monterey for the purposes of acting on his/her behalf to implement the provisions of this Agreement. Therefore, the term "Director" in all cases shall mean "Director or his/her designee."

## **EXHIBIT F-2: BUSINESS ASSOCIATE AGREEMENT**

This Business Associate Agreement ("Agreement"), effective **December 12, 2014** ("Effective Date"), is entered into by and among the County of Monterey, a political subdivision of the State of California, on behalf of the Health Department ("Covered Entity") and **Edgewood Center for Children and Families** ("Business Associate") (each a "Party" and collectively the "Parties").

Business Associate provides certain services for Covered Entity ("Services") that involve the use and disclosure of Protected Health Information that is created or received by Business Associate from or on behalf of Covered Entity ("PHI"). The Parties are committed to complying with the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Part 160 and Part 164, Subparts A and E as amended from time to time (the "Privacy Rule"), and with the Security Standards, 45 C.F.R. Part 160 and Part 164, Subpart C as amended from time to time (the "Security Rule"), under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health Act and its implementing regulations ("HITECH"). Business Associate acknowledges that, pursuant to HITECH, 45 C.F.R. §§ 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards), 164.316 (policies and procedures and documentation requirements) and 164.502 *et seq.* apply to Business Associate in the same manner that such sections apply to Covered Entity. The additional requirements of Title XIII of HITECH contained in Public Law 111-005 that relate to privacy and security and that are made applicable with respect to covered entities shall also be applicable to Business Associate. The Parties are also committed to complying with the California Confidentiality of Medical Information Act, Ca. Civil Code §§ 56 *et seq.* ("CMIA"), where applicable. Business Associate acknowledges that the CMIA prohibits Business Associate from further disclosing the PHI it receives from Covered Entity where such disclosure would be violative of the CMIA. The Parties are also committed to complying with applicable requirements of the Red Flag Rules issued pursuant to the Fair and Accurate Credit Transactions Act of 2003 ("Red Flag Rules"). This Agreement sets forth the terms and conditions pursuant to which PHI, and, when applicable, Electronic Protected Health Information ("EPHI"), shall be handled. The Parties further acknowledge that state statutes or other laws or precedents may impose data breach notification or information security obligations, and it is their further intention that each shall comply with such laws as well as HITECH and HIPAA in the collection, handling, storage, and disclosure of personal data of patients or other personal identifying information exchanged or stored in connection with their relationship.

The Parties agree as follows:

### **1. DEFINITIONS**

All capitalized terms used in this Agreement but not otherwise defined shall have the meaning set forth in the Privacy Rule, Security Rule and HITECH.

### **2. PERMITTED USES AND DISCLOSURES OF PHI**

2.1 Unless otherwise limited herein, Business Associate may:

(a) use or disclose PHI to perform functions, activities or Services for, or on behalf of, Covered Entity as requested by Covered Entity from time to time, provided that such use or disclosure would not violate the Privacy or Security Rules or the standards for Business Associate Agreements set forth in 45 C.F.R. § 164.504(e), exceed the minimum necessary to accomplish the intended purpose of such use or disclosure, violate the additional requirements of HITECH contained in Public Law 111-005 that relate to privacy and security, or violate the CMIA;

(b) disclose PHI for the purposes authorized by this Agreement only: (i) to its employees, subcontractors and agents; (ii) as directed by this Agreement; or (iii) as otherwise permitted by the terms of this Agreement;

(c) use PHI in its possession to provide Data Aggregation Services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B);

(d) use PHI in its possession for proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate as permitted by 45 C.F.R. § 164.504(e)(4)(i);

(e) disclose the PHI in its possession to third parties for the proper management and administration of Business Associate to the extent and in the manner permitted under 45 C.F.R. § 164.504(e)(4)(ii); provided that disclosures are Required by Law , or Business Associate obtains reasonable assurances from the persons to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(f) use PHI to report violations of law to appropriate Federal and state authorities, consistent with 45 C.F.R. § 164.502(j)(1);

(g) de-identify any PHI obtained by Business Associate under this Agreement for further use or disclosure only to the extent such de-identification is pursuant to this Agreement, and use such de-identified data in accordance with 45 C.F.R. § 164.502(d)(1).

### **3. RESPONSIBILITIES OF THE PARTIES WITH RESPECT TO PHI**

3.1 Responsibilities of Business Associate. With regard to its use and/or disclosure of PHI, Business Associate shall:

(a) use and/or disclose the PHI only as permitted or required by this Agreement or as otherwise Required by Law;

(b) report to the privacy officer of Covered Entity, in writing, (i) any use and/or disclosure of the PHI that is not permitted or required by this Agreement of which Business Associate becomes aware, and (ii) any Breach of unsecured PHI as specified by HITECH, within two (2) days of Business Associate's determination of the occurrence of such unauthorized use and/or disclosure. In such event, the Business Associate shall, in consultation with the Covered Entity, mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of such improper use or disclosure. The notification of any Breach of unsecured PHI shall include, to the extent possible, the identification of each individual whose unsecured PHI has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, used or disclosed during the Breach.

(c) use commercially reasonable safeguards to maintain the security of the PHI and to prevent use and/or disclosure of such PHI other than as provided herein;

(d) obtain and maintain an agreement with all of its subcontractors and agents that receive, use, or have access to, PHI pursuant to which agreement such subcontractors and agents agree to adhere to the same restrictions and conditions on the use and/or disclosure of PHI that apply to Business Associate pursuant to this Agreement;

(e) make available all internal practices, records, books, agreements, policies and procedures and PHI relating to the use and/or disclosure of PHI to the Secretary for purposes of determining Covered Entity or Business Associate's compliance with the Privacy Rule;

(f) document disclosures of PHI and information related to such disclosure and, within ten (10) days of receiving a written request from Covered Entity, provide to Covered Entity such information as is requested by Covered Entity to permit Covered Entity to respond to a request by an individual for an accounting of the disclosures of the individual's PHI in accordance with 45 C.F.R. § 164.528, as well as provide an accounting of disclosures, as required by HITECH, directly to an individual provided that the individual has made a request directly to Business Associate for such an accounting. At a minimum, the Business Associate shall provide the Covered Entity with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the PHI, and if known, the address of such entity or person; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to the Business Associate, the Business Associate shall, within two (2) days, forward such request to the Covered Entity. The Business Associate shall implement an appropriate recordkeeping process to enable it to comply with the requirements of this Section;

(g) subject to Section 4.4 below, return to Covered Entity within twenty-one (21) days of the termination of this Agreement, the PHI in its possession and retain no copies, including backup copies;

(h) disclose to its subcontractors, agents or other third parties, and request from Covered Entity, only the minimum PHI necessary to perform or fulfill a specific function required or permitted hereunder;

(i) if all or any portion of the PHI is maintained in a Designated Record Set:

(i) upon ten (10) days' prior written request from Covered Entity, provide access to the PHI in a Designated Record Set to Covered Entity or, as directed by Covered Entity, the individual to whom such PHI relates or his or her authorized representative to meet a request by such individual under 45 C.F.R. § 164.524; and

(ii) upon ten (10) days' prior written request from Covered Entity, make any amendment(s) to the PHI that Covered Entity directs pursuant to 45 C.F.R. § 164.526;

(j) maintain policies and procedures to detect and prevent identity theft in connection with the provision of the Services, to the extent required to comply with the Red Flag Rules;

(k) notify the Covered Entity within five (5) days of the Business Associate's receipt of any request or subpoena for PHI. To the extent that the Covered Entity decides to assume responsibility for challenging the validity of such request, the Business Associate shall cooperate fully with the Covered Entity in such challenge;

(l) maintain a formal security program materially in accordance with all applicable data security and privacy laws and industry standards designed to ensure the security and integrity of the Covered Entity's data and protect against threats or hazards to such security

The Business Associate acknowledges that, as between the Business Associate and the Covered Entity, all PHI shall be and remain the sole property of the Covered Entity.

3.2 Additional Responsibilities of Business Associate with Respect to EPHI. In the event that Business Associate has access to EPHI, in addition to the other requirements set forth in this Agreement relating to PHI, Business Associate shall:

(a) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that Business Associate creates, receives, maintains, or transmits on behalf of Covered Entity as required by 45 C.F.R. Part 164, Subpart C;

(b) ensure that any subcontractor or agent to whom Business Associate provides any EPHI agrees in writing to implement reasonable and appropriate safeguards to protect such EPHI; and

(c) report to the privacy officer of Covered Entity, in writing, any Security Incident involving EPHI of which Business Associate becomes aware within two (2) days of Business Associate's discovery of such Security Incident. For purposes of this Section, a Security Incident shall mean (consistent with the definition set forth at 45 C.F.R. § 164.304), the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system. In such event, the Business Associate shall, in consultation with the Covered Entity, mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of such improper use or disclosure.

3.3 Responsibilities of Covered Entity. Covered Entity shall, with respect to Business Associate:

(a) provide Business Associate a copy of Covered Entity's notice of privacy practices ("Notice") currently in use;

(b) notify Business Associate of any limitations in the Notice pursuant to 45 C.F.R. § 164.520, to the extent that such limitations may affect Business Associate's use or disclosure of PHI;

(c) notify Business Associate of any changes to the Notice that Covered Entity provides to individuals pursuant to 45 C.F.R. § 164.520, to the extent that such changes may affect Business Associate's use or disclosure of PHI;

(d) notify Business Associate of any changes in, or withdrawal of, the consent or authorization of an individual regarding the use or disclosure of PHI provided to Covered Entity pursuant to 45 C.F.R. § 164.506 or § 164.508, to the extent that such changes may affect Business Associate's use or disclosure of PHI; and

(e) notify Business Associate, in writing and in a timely manner, of any restrictions on use and/or disclosure of PHI as provided for in 45 C.F.R. § 164.522 agreed to by Covered Entity, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

#### 4. TERMS AND TERMINATION

4.1 Term. This Agreement shall become effective on the Effective Date and shall continue in effect unless terminated as provided in this Article 4. Certain provisions and requirements of this Agreement shall survive its expiration or other termination as set forth in Section 5.1 herein.

4.2 Termination. Either Covered Entity or Business Associate may terminate this Agreement and any related agreements if the terminating Party determines in good faith that the terminated Party has breached a material term of this Agreement; provided, however, that no Party may terminate this Agreement

if the breaching Party cures such breach to the reasonable satisfaction of the terminating Party within thirty (30) days after the breaching Party's receipt of written notice of such breach.

4.3 Automatic Termination. This Agreement shall automatically terminate without any further action of the Parties upon the termination or expiration of Business Associate's provision of Services to Covered Entity.

4.4 Effect of Termination. Upon termination or expiration of this Agreement for any reason, Business Associate shall return all PHI pursuant to 45 C.F.R. § 164.504(e)(2)(ii)(I) if, and to the extent that, it is feasible to do so. Prior to doing so, Business Associate shall recover any PHI in the possession of its subcontractors or agents. To the extent it is not feasible for Business Associate to return or destroy any portion of the PHI, Business Associate shall provide Covered Entity a statement that Business Associate has determined that it is infeasible to return or destroy all or some portion of the PHI in its possession or in possession of its subcontractors or agents. Business Associate shall extend any and all protections, limitations and restrictions contained in this Agreement to any PHI retained after the termination of this Agreement until such time as the PHI is returned to Covered Entity or destroyed.

## 5. MISCELLANEOUS

5.1 Survival. The respective rights and obligations of Business Associate and Covered Entity under the provisions of Sections 4.4, 5.1, 5.6, and 5.7, and Section 2.1 (solely with respect to PHI that Business Associate retains in accordance with Section 4.4 because it is not feasible to return or destroy such PHI), shall survive termination of this Agreement until such time as the PHI is returned to Covered Entity or destroyed. In addition, Section 3.1(i) shall survive termination of this Agreement, provided that Covered Entity determines that the PHI being retained pursuant to Section 4.4 constitutes a Designated Record Set.

5.2 Amendments; Waiver. This Agreement may not be modified or amended, except in a writing duly signed by authorized representatives of the Parties. To the extent that any relevant provision of the HIPAA, HITECH or Red Flag Rules is materially amended in a manner that changes the obligations of Business Associates or Covered Entities, the Parties agree to negotiate in good faith appropriate amendment(s) to this Agreement to give effect to the revised obligations. Further, no provision of this Agreement shall be waived, except in a writing duly signed by authorized representatives of the Parties. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

5.3 No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Parties and the respective successors or assigns of the Parties, any rights, remedies, obligations, or liabilities whatsoever.

5.4 Notices. Any notices to be given hereunder to a Party shall be made via U.S. Mail or express courier to such Party's address given below, and/or via facsimile to the facsimile telephone numbers listed below.

If to Business Associate, to:

Edgewood Center for Children and Families  
1801 Vicente St. San Francisco, CA 94116  
Attn: David Young, Executive Director  
Tel: (415) 681-3211  
Fax: (415) 664-7094



If to Covered Entity, to:

Monterey County Health Department/Behavioral Health Bureau  
1270 Natividad Road, Salinas, CA 93906  
Attn: Ray Bullick, Director of Health  
Tel: (831) 755-4509  
Fax: (831) 755-4980

Each Party named above may change its address and that of its representative for notice by the giving of notice thereof in the manner hereinabove provided. Such notice is effective upon receipt of notice, but receipt is deemed to occur on next business day if notice is sent by FedEx or other overnight delivery service.

5.5 Counterparts; Facsimiles. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original. Facsimile copies hereof shall be deemed to be originals.

5.6 Choice of Law; Interpretation. This Agreement shall be governed by the laws of the State of California; as provided, however, that any ambiguities in this Agreement shall be resolved in a manner that allows Business Associate to comply with the Privacy Rule, and, if applicable, the Security Rule and the CMIA.

5.7 Indemnification. Contractor shall indemnify, defend, and hold harmless the County of Monterey (hereinafter County), its officers, agents, and employees from any claim, liability, loss, injury, cost, expense, penalty or damage, including the County's reasonable cost of providing notification of and of mitigating any acquisition, access, use or disclosure of PHI in a manner not permitted by this BAA, arising out of, or in connection with, performance of this BAA by Contractor and/or its agents, members, employees, or sub-contractors, excepting only loss, injury, cost, expense, penalty or damage caused by the negligence or willful misconduct of personnel employed by the County. It is the intent of the parties to this BAA to provide the broadest possible indemnification for the County. Contractor shall reimburse the County for all costs, attorneys' fees, expenses, and liabilities incurred by the County with respect to any investigation, enforcement proceeding or litigation in which Contractor is obligated to indemnify, defend, and hold harmless the County under this BAA. This provision is in addition to and independent of any indemnification provision in any related or other agreement between the Covered Entity and the Business Associate.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf as of the Effective Date.

**COUNTY OF MONTEREY, ON BEHALF  
OF THE HEALTH DEPARTMENT**


**[BUSINESS ASSOCIATE]  
EDGEWOOD CENTER FOR CHILDREN  
AND FAMILIES**

By: \_\_\_\_\_

Print Name: Ray Bullick

Print Title: Director of Health

Date: \_\_\_\_\_

By:  \_\_\_\_\_

Print Name: **Lori Kandels**

Print Title: **Executive Director**

Date: 10/8/15

BAA- Health Department Revised 12/12/2014