

**ALLOCATION AGREEMENT**  
**MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT**  
**COUNTY OF MADERA**

State of California – Department of Health Care Services

<b>COUNTY</b>	Madera County		
<b>PROJECT TITLE</b>	Medi-Cal Health Enrollment Navigators Project		
<b>SERVICE TERM</b>	Agreement date: October 1, 2022	through	End of implementation date: June 30, 2025
<b>CLOSE OUT TERM</b>	Close out start date: July 1, 2025	through	Close out term date: June 30, 2026

Under the terms and conditions of this Agreement, the County agrees to complete Navigators Project efforts as described in the project description, and the State of California, through its Director of the Department of Health Care Services pursuant to SB 154 (Chapter 43, Statutes of 2022), agrees to fund the County up to the Allocation Amount.

**PROJECT DESCRIPTION**

The County agrees to provide Medi-Cal Health Navigators services and activities pursuant to SB 154, with a focus on one or more of the eleven targeted populations: Persons with mental health disorder needs; Persons with substance use disorder needs; Persons with disabilities; Aged persons; Persons who are homeless; Young people of color; Persons who are in county jail, in state prison, on state parole, on county probation or under post-release community supervision; Immigrants and families with mixed immigration status; Persons with limited English Proficiency; Low-wage workers and their families, and Uninsured children and youth formerly enrolled in Medi-Cal. The County may target other populations as well. The County shall ensure the needs of the targeted populations are understood and provide information and assistance in a culturally and linguistically appropriate method at no cost to the individual, including the provision of oral interpretation of non-English languages and the translation of written documents and alternative formats when necessary or when requested by the individual to ensure effective communication.

<b>TOTAL ALLOCATION AMOUNT NOT TO EXCEED: \$796,000</b>	SEVEN HUNDRED NINETY-SIX THOUSAND DOLLARS.
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The General and Special Provisions attached are made a part of and incorporated into the Agreement.

<b>MADERA COUNTY DEPARTMENT OF SOCIAL SERVICES</b>	<b>DEPARTMENT OF HEALTH CARE SERVICES STATE OF CALIFORNIA</b>
P.O. BOX 569 MADERA, CA 93639-0569	ATTN: HEALTH ENROLLMENT NAVIGATORS SECTION MEDI-CAL ELIGIBILITY DIVISION PO BOX 997417, MS 4607 SACRAMENTO, CA 95899-7417
BY (AUTHORIZED SIGNATURE):  ✍	BY (AUTHORIZED SIGNATURE):  ✍
PRINTED NAME AND TITLE OF PERSON SIGNING:	PRINTED NAME AND TITLE OF PERSON SIGNING: Sandra Williams, Division Chief
DATE SIGNED:	DATE SIGNED:

**CERTIFICATION OF FUNDING (FOR STATE USE ONLY)**

AMOUNT OF ALLOCATION \$	AGREEMENT NUMBER	FUND		
ADJ. INCREASING ENCUMBERANCE	APPROPRIATION			
ADJ. DECREASING ENCUMBERANCE	FUNCTION			
TOTAL ALLOCATION AMOUNT \$	LINE ITEM ALLOTMENT	CHAPTER	STATUTE	FISCAL YEAR
T.B.A NO.	B.R. NO.	INDEX	OBJ.	PCA
PROJECT/WORK PHASE				

I hereby certify upon my personal knowledge that budgeted funds are available for this encumbrance

SIGNATURE OF ACCOUNTING OFFICER	DATE

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**TERMS AND CONDITIONS OF ALLOCATION AMOUNT**

The County shall be responsible for the performance of the work as set forth herein below and for the preparation of deliverables and reports as specified in this Agreement. The County Project Representative shall promptly notify the State of events or proposed changes that could affect the Work Plan under this Agreement.

**Special Provisions**

1. County shall complete all work in accordance with an approved Work Plan, which will be included in this Agreement as Attachment 2.
2. Rights in Data and Reporting: The County agrees that all data and reports produced in the performance of this Agreement are subject to the rights of the State as set forth in this section. The State shall have the right to reproduce, publish, and use all such data and reports, or any part thereof, in any manner and for any purposes whatsoever and to authorize others to do so in compliance with applicable laws.
3. Project partner agrees to attend monthly meetings with their assigned analyst or designated Navigators Project staff.

**General Provisions**

**A. Definitions**

- A. The term “Allocation” as used herein means the Health Navigators Allocation funding authorized by SB 154 (Chapter 43, Statutes of 2022).
- B. The term “Agreement” as used herein means an allocation agreement between the State and County specifying the payment of Allocation Amount by the State for the performance of Work Plan (Attachment 2) within the Service Term by the County.
- C. The term “County” as used herein means the party described as the County on page one (1) of this Agreement.
- D. The term “Allocation Amount” as used herein means funds awarded to the County by the State.
- E. The term “Service Term” as used herein means the period of time that the partner has to conduct the approved activities outlined in the work plan (Attachment 2).
- F. The term "Project Representative" as used herein means the person authorized by the County to be responsible for the Allocation Amount and is capable of making daily management decisions.

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- G. The term “State” as used herein means the Department of Health Care Services.
- H. Project Partner – A qualified County or Community-Based Organization selected to enter into an agreement with DHCS to provide services and to comply with the terms and conditions set forth in the Allocation Agreement.
- I. The “Closeout Term” as used herein means administrative activities of this Agreement to closeout or wind down all administrative Health Navigator Project activities engaged in after the end of the Service Term Period stated on page one.
- J. Regular Office Hours - as used herein means the hours between 8:00AM and 5:00PM on all state business days.

**B. Allocation Execution**

- 1. County agrees to complete the corresponding activities in accordance with the time of the Service Term and Closeout Term, and under the terms and conditions of this Agreement.
- 2. County shall comply with the provisions of SB 154.
- 3. County shall begin implementation once this agreement has been signed by the County and countersigned by DHCS. Any implementation completed prior to the execution date will not be reimbursed.
- 4. County agrees to submit in writing any deviation from the Work Plan (Attachment 2) to the State for approval prior to implementation of changes.

**C. Allocation Costs**

Subject to the availability of Allocation Amount, the State hereby grants to the County funding not to exceed the amount stated on page one (1) of this Agreement in consideration of and on condition that the sum be expended in carrying out the purpose as set forth in the Work Plan and under the terms and conditions set forth in this Agreement.

The Allocation Amount to be provided to the County, under this Agreement, may be disbursed as follows:

- 1. To County: County shall disperse any amount of the Allocation Amount that the County deems appropriate. County may subcontract with one or more other community-based organizations to perform the activities identified in the approved Work Plan, Attachment 2. The State recommends, but does not require, the County to collaborate with one or more CBOs to develop, conduct, and implement effective tools and methods to expand Medi-Cal outreach, increase Medi-Cal enrollment and contribute efforts to retention of the uninsured, targeted populations. The County is not required to immediately contract with CBOs in light of the timelines the contracting processes may

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necessitate. However, the County will need to demonstrate its contracting progress with CBOs through required reporting activities.

2. Indirect administrative costs, including planning, plan documentation, and other administrative costs shall not exceed the amount approved in the Budget Plan, Attachment 1 of the Allocation Agreement.

**D. Payment Documentation**

1. All payment requests must be submitted by the County to the State, on a quarterly basis, using a completed Navigators Project Quarterly Invoice, Attachment 3. The invoice and the deliverables noted below must accompany the invoice as outlined in the Quarterly Invoice and Deliverables Deadline Bulletin (2022-005).
  - a. Budget Plan, Attachment 1
  - b. Work Plan, Attachment 2
  - c. Navigators Project Quarterly Invoice, Attachment 3
  - d. Monthly Data Report, Attachment 4
  - e. Quarterly Progress Report, Attachment 5

In very limited circumstances, DHCS may approve a different submission schedule for an individual County outside of what is listed in the Quarterly Invoice and Deliverables Deadline Bulletin (2022-005). In order for this change to be approved for the submission of the documents listed in Section D, 1a, 1b, and 1c (listed above), this change must be agreed to, in writing, by both County and DHCS prior to enactment of this change in schedule.

2. County shall submit all documentation to the State for Allocation completion within the Closeout Term as shown on page one (1).
3. Payments to the County shall be on a costs incurred basis. Expenses on the quarterly invoice must include activities performed during the billing period.
4. The County must meet the requirements of this Allocation Agreement, including the terms of all of its referenced Attachments, in order to receive approved Allocation payments from the State. If the County fails to meet such requirements or exhibit deficiencies in the performance of this Agreement, the State may withhold partial or full Allocation payments. See also section F. Loss of Allocation Amount below for more information.
5. Payment will be issued by the State upon the accurate, complete, and timely submission, in accordance with the submission schedule outlined in the Quarterly Invoice and Deliverables Deadline Bulletin (2022-005), of the following documents:
  - a. Monthly Data Report Attachment 4
  - b. A complete Navigators Project Invoice Attachment 3
  - c. A complete Quarterly Progress Report Attachment 5

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**Budget Plan Attachment 1**

County is required to use the Budget Plan, Attachment 1 to identify all line items of expenditure for each fiscal year of the project. DHCS provides approval of this initial Budget Plan upon DHCS countersignature of the Budget Plan. Upon completion of a fiscal year, County must submit a new proposed Budget Plan by July 31 that identifies estimated expenditures for the current and subsequent fiscal years.

If the County needs to adjust line-item expenditures, County can unilaterally shift less than five percent (5%) of funding between one or more line-item amounts within the Non-Personnel – Direct Costs section and/or the Personnel Staff section. Any adjustment resulting in a change that exceeds five percent (5%) of any singular line item from the most recently approved Budget Plan requires DHCS approval prior to enacting this change. Any proposed revisions to the Budget Plan by County must be submitted to DHCS in writing. DHCS has up to thirty (30) calendar days to review and provide response of approval or denial of the request.

**Work Plan Attachment 2**

County is required to use the Work Plan, Attachment 2. As outlined in the Quarterly Invoice, a Work Plan must be submitted to, and approved by, DHCS in order to receive the quarterly payment. The Work Plan shall include strategies and time-frames for outreach, enrollment, and retention activities completed by the County and its contracted CBOs. Any proposed revisions to the Work Plan by County must be submitted to DHCS in writing. DHCS has up to thirty (30) calendar days to provide a response of approval or denial of the request.

**Navigators Project Invoice Attachment 3**

County is required to use the Navigators Project Invoice, Attachment 3. Invoices must be submitted by the County on a quarterly basis as outlined in the Quarterly Invoice and Deliverables Deadline Bulletin (2022-005). The invoice must be accurate and complete and include detailed budget activity and expenditures for the specific quarter. The expenditures identified in the invoice must be supported by all appropriate documents (such as receipts, proof of payment, time sheets, etc.) to substantiate that payment was made and is eligible for reimbursement of allowable expenditures. DHCS will issue an Invoice Dispute Notification form (STD 209) if the County has submitted an invoice for payment, but has not submitted any or all of the following items:

- Monthly Data Report (for the corresponding quarter being billed)
- Quarterly Progress Report (for the corresponding quarter being billed)
- Budget Plan due to entering a new fiscal year
- Budget Plan for a shift equal to or greater than five percent (5%)

As outlined in Bulletin 2020-003 Instructions for Submitting Quarterly Invoice and Progress Report an initial payment is permissible. In order for DHCS to consider approval of an initial payment request, the County is required to have a DHCS-approved Budget Plan, submit a prospectus invoice (on the Navigators Project Quarterly Invoice, Attachment 3 form) identifying anticipated expenditures, and provide a narrative explaining why these

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funds are needed and the work expected to be performed. Once submitted, DHCS will provide notice within two (2) weeks if the request has been approved.

All initial payment requests cannot exceed twenty-five percent (25%) of the current fiscal year's budget. If a subsequent initial payment is requested, the County must provide proof of funds expenditure via the quarterly invoice process. All subsequent initial payments require full utilization before another initial payment will be considered for the requested amount; otherwise, the subsequent initial payment request will be reduced by the unexpended amount (the difference between what was paid and what expended in the approved quarterly invoice.).

If an invoice payment is withheld, the County will need to provide the information and/or report(s) identified by DHCS to remediate the deficiency before DHCS will authorize payment.

**Monthly Data Report Attachment 4**

County is required to use the Monthly Data Report, Attachment 4, or other reporting method as directed by the State. The County is required to submit accurate and complete monthly updates on a timely basis, for specific data points, as defined on the Monthly Data Report Template, regarding the Health Navigators Project, which the State will review and subsequently publish for public consumption. Each Monthly Data Report must include (at a minimum) the following pieces of data for every individual submitted as either enrolled or retained on the "Enrollment and Retention Rpt" tab:

- Full name (first and last)
- Date of birth
- Social Security Number and/or Client Identification Number
- Identify status as either enrolled or retained
- At least one or more of the 11 identified Target Populations

Each Monthly Data Report must also include updates to the following self-reported data points on the "Aggregate Data Reporting" tab:

- DP 1: Enrolled
- DP 2: Retained
- DP 3: Direct Outreach
- DP 4: Media Outreach
- DP 5: Assisted with Application
- DP 6: Assisted with Accessing & Utilizing Health Care Services
- DP 7: Assisted with Troubleshooting
- DP 8: Assisted with Redetermination

Failure to submit complete and accurate reports on a timely basis, in accordance with the submission schedule outlined in the Quarterly Invoice and Deliverables Deadline Bulletin (2022-005), may result in withheld payments and an invoice dispute issued to the County. Payments will be issued once the complete Monthly Data Report is provided to DHCS.

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**Quarterly Progress Report Attachment 5**

County is required to submit a Quarterly Progress Report, Attachment 5 according to the Quarterly Invoice and Deliverables Deadline Bulletin (2022-005). Quarterly Progress reports will be required starting with the first quarter reporting period. The County must provide a progress report to measure and document progress-to-date on the work plan objectives and performance goals. The State reserves the right to require reports more frequently than on a quarterly basis if necessary, but no more than once a month. Failure to submit complete and accurate reports on a timely basis, in accordance with the submission schedule outlined in the Quarterly Invoice and Deliverables Deadline Bulletin (2022-005), may result in withheld payments and an invoice dispute issued to the County. Payments will be issued once the complete Quarterly Progress Report is provided to DHCS.

**E. Allocation Termination or Withdrawal**

1. County may withdraw from the Health Navigators Allocation Funding by notifying the State in writing at any time of its request to withdraw from further participation. Once the withdraw request is received, the State will contact the County to complete close out tasks.
2. County may unilaterally rescind this Agreement at any time prior to the execution of the Allocation Amount. After the execution of the Allocation Amount, this Agreement may be rescinded, modified or amended by mutual agreement in writing.
3. Failure by the County to comply with the terms of this Agreement may be cause for termination of all obligations of the State under this Allocation Agreement and for any additional Allocation payments.

Upon termination or withdrawal from participation, the County must return all unspent allocated funds to the State.

**F. Loss of Allocation Amount**

The County may be subject to partial or full loss of the approved Allocation Amount if any of the following occurs, including but not limited to:

1. The County fails, without good cause, to return a signed Agreement to DHCS within sixty (60) days of receipt of the Agreement.
2. The County fails, without good cause, to produce satisfactory invoices and deliverables as outlined in the Quarterly Invoice and Deliverables Deadline Bulletin (2022-005).
3. The County fails, without good cause, to meet a satisfactory participation rate as proposed on their work plan.
4. The County withdraws from the Allocation Agreement.

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5. A County fails to submit a timely and satisfactory Corrective Action Plan (CAP), when applicable. Such an action shall result in a fifty percent (50%) reduction of the total Allocation Amount.

**G. Hold Harmless**

1. County agrees to waive all claims and recourse against the State including the right to contribution for loss or damage to persons or property arising from, growing out of or in any way connected with or incident to this Agreement, except claims arising from the concurrent or sole negligence of the State, its officers, agents, and employees.
2. County agrees to indemnify, hold harmless and defend the State, its officers, agents and employees against any and all claims, demand costs, expenses or liability costs arising out of legal actions pursuant to items which the County has certified. County acknowledges that it is solely responsible for compliance with items to which it has certified.

**H. Financial Records**

1. County agrees to maintain satisfactory financial accounts, documents and records for the expenditures of the Allocation Amount and to make them available to the State for auditing at reasonable times. County also agrees to retain such financial accounts, documents and records for three (3) years following the termination or completion of the Allocation Agreement.
2. County and State agree that during Regular Office Hours each of the parties hereto and their duly authorized representative shall have the right to inspect and make copies of any books, records or reports of the other party pertaining to this Agreement or matters related thereto. County agrees to maintain and make available for inspection by the State accurate records of all of its costs, disbursements and receipts with respect to its activities under this Agreement.
3. County agrees to use a generally accepted accounting system.

**I. Audits**

1. Allocations are subject to audits by the State for three (3) years following the final payment of the Allocation Amount. The purpose of such audits is to verify that expenditures of the Allocation Amount were properly documented. County will be contacted at least thirty (30) days in advance of an audit.
2. Audits will include all books, papers, accounts, documents, or other records of the County as they relate to the Allocation for which the State authorized the Allocation Amount. The County shall ensure that the Allocation Amount records, including the sources, documents and cancelled warrants, are readily available to the State.



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3. County must also provide an employee having knowledge of the Allocation Amount and the accounting procedure or system to assist the State's auditor. The County shall provide a copy of any document, paper, record, or the like requested by the State.
4. All Allocation Amount records must be retained for at least one (1) year following an audit or final disputed audit findings, whichever is later in time.

**J. Nondiscrimination**

1. County shall not discriminate against any person on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation when conducting Health Navigators efforts pursuant to this Agreement and in compliance with the Americans with Disabilities Act.
2. County shall ensure the security, privacy and confidentiality of each enrollee.

**K. Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Attachment 6**

1. County shall ensure security of privacy and confidentiality of each consumer application and comply with HIPAA requirements as set forth by law in accordance with Attachment 6.

**L. Federal Terms & Conditions Attachment 7**

1. County shall comply with all requirements and special terms and conditions set forth within the Federal Terms and Conditions that all individuals receiving Title XIX must adhere to. Such Federal Terms and Conditions are attached hereto as Attachment 7 and fully incorporated herein by reference.

Approved as to Legal Form:  
COUNTY COUNSEL

By **Claire Chang** Digitally signed by: Claire Chang  
DN: CN = Claire Chang email =  
cchang@lozanosmith.com C = US O = Lozano Smith  
Date: 2022.10.19 15:59:09 -07'00'

ACCOUNT NUMBERS:

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CONTRACTING PARTIES:

COUNTY OF MADERA

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CA DEPARTMENT OF HEALTH CARE SERVICES

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TITLE OF CONTRACT:

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**ATTACHMENT “1”**

**DHCS Health Enrollment Navigators Project  
Budget Plan Reporting Instructions**

Attachment 1

#	Field Name	Definitions
<b>Instructions</b>	<b>Tab 2</b> Budget Plan Template	Read the definitions for each section below. Based on the definitions, complete Tab 2: <b>The Budget Plan Template</b> and Tab 3: <b>Descriptions</b>  <b>Tab 2:</b> Allocate funds appropriately for each line item and each fiscal year (FY) period based on your community-based organization (CBO) and county needs to successfully implement the Health Navigators Project. If you need to add a line item different from the proposed line items on the template, add a row and bold the added line item for DHCS review.  Once awarded, any line item increases or decreases that meet or exceed 5% from the approved budget plan will require a revised budget plan for DHCS review and approval. Changes below 5% will not require any approval.  <b>Tab 3:</b> The descriptions tab allows partners to provide a detailed breakdown of each line item. For example, identify the individuals working on this project, the intended expenses for each line items, and intended sub-contractors, etc. Provide as much information in the descriptions tab to ensure items intended to purchase are
<b>Budget Plan Layout</b>	1 SFY 1	Allocated funds throughout the State Fiscal Year (SFY) of July 1, 2022 to June 30, 2023.
	2 SFY 2	Allocated funds throughout the SFY of July 1, 2023 to June 30, 2024.
	3 SFY 3	Allocated funds throughout the SFY of July 1, 2024 to June 30, 2025.
	4 Administrative Close - Out	This column is optional upon partner needs to close out their agreement. If the county or organization does not require funds for wrap up activities, the column should be left blank.
	5 Total Column	This is the overall total by each line item. Throughout the duration of the project, funds can be redistributed to other line items based on partner needs. If the line item amount exceeds by 5%, the partner is required to submit a revised budget plan to DHCS for review and approval of the change. If the line item amount does not exceed by 5%, no review or approval from DHCS is needed.
	6 Grant Total for Each FY Column and Admin Column	This the overall total of each FY and Admin Close out period. Any unspent funds from the previous FY can be rolled over into the following FY and redistributed among line items as necessary. This change will require an annual revised budget plan submitted to DHCS for review and approval before implementing. Partners cannot proceed with the change without DHCS approval.
	7 Grand Total - Overall	This is the overall total requested to fully execute the Health Navigators Project. This amount is what DHCS awarded to your county or organization. This total should match the total displayed on your Health Navigators Project- Allocation Agreement. If awarded, you cannot exceed this total amount at any time during the Health Navigators Project. If you need to increase or decrease this amount for any reason, notify your assigned analyst to receive instructions on the amendment process.
<b>Personnel Costs</b>	8 Personnel Staff	Identify all staff working directly on the Health Navigators Project. Provide the name and job title/positions. If you have multiple people of the same job title working on this, please group together in one line item on tab 2 and break it down in tab 3. For example, in Tab 2 state "5 Eligibility Workers." and in Tab 3 identify all 5 Eligibility Workers
	9 Time Base FTEs	The time each staff spends directly working on the Navigators Project.  For example: Full Time is (1), Part Time is (.50), and Quarter time (.25). If multiple people of the same job title are spending different amount of time on the project, leave the full time equivalent (FTE) column blank and identify that on Tab 3.
	10 Benefits	Benefits of your personnel staff working on the Health Navigators Project.
<b>Non- Personnel: Direct Operating Costs</b>	11 Office Expenses	Items that are commonly purchased on a frequent basis. For example, pens, pencils, paper, ink, folders, binders, note pad, highlighters, staplers, etc.
	12 Equipment	Tangible items that are functionally necessary for its intended purpose, nonexpendable, and needed for the performance of the agreement. For example: laptop, cell phone, iPad, monitor, keyboard, mouse, scanner, etc.  Please contact your liaison to receive guidance prior to proposing or procuring any equipment. Items with a useful lifespan that exceeds the length of your agreement would require preapproval from DHCS prior to Any travel used for outreach efforts only. Anything outside of outreaching within your intended communities cannot be billed
	13 Travel	
	14 Training	Training specific to Medi-Cal; how to complete an application, enroll individuals, complete renewal packets, etc.  Cannot bill for training that is outside the scope of the Navigators Project
	15 Outreach Material	Items that are printable with any Medi-Cal information displayed.  For example: flyers, brochures, handouts, cards, signs, etc.
	16 Media Outreach	Media ads used to provide Medi-Cal information.  For example: social media ads on various platforms, TV ads, radio ads, movie ads, etc.
	17 Total Budget for All CBOs	Subcontractors expenses who are working on the Health Navigators Project
<b>Non- Personnel: Direct Operating Costs</b>	18 Other Cost: - Incentives	Any other items not identified above.  For example: Rent, utilities, etc.  This line item can also be used for any incentive(s) purchased.  Incentives are small nominal items used in order to reach individuals or a specific group. Items preferable under \$5. Mainly used in outreach events and campaigns to grab an individual or groups attention.  For example: pens, pencils, highlighters, erasers, small notepads, candy, bottle water, small hand sanitizers, face masks, stickers, keychains, etc.  Before purchasing, this may require DHCS approval of the requested item. Contact your Navigators Analyst prior to purchasing any items if you are unsure if they will be eligible for reimbursement. Also, refer to the Permissible & Excluded Activities bulletins (2020-001 and 2020-002) on the Navigators website for more information.
<b>Non- Personnel: Indirect Costs</b>	19 Indirect costs	Cost that are overhead expenses of your personnel.  For example, general and administrative expenses, department costs, legal expenses, additional benefits, etc.
	20 Health Benefits	Additional benefits of your personnel.
	21 Indirect Percent	the cost billed to your indirect is a percentage of your personnel costs. If you identify on the budget your indirect cost rate is 15%, your indirect costs allocated in your budget plan should be 15% of your personnel costs.  Your indirect cost rate should be no more than 15%. If your organization uses a rate higher than 15%, it may not be approved. Contact your Health Navigators Analyst for guidance on proposed rates higher than this amount.

**MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT  
BUDGET PLAN**

Upon a fully signed and executed Allocation Agreement (Agreement), the county or organization is authorized to use funds for its approved purposes. Any proposed changes to this approved funding agreement requires written approval by DHCS prior to implementing the changes.

Cumulative transfers among annual budget line items are allowed as long as the amount does not exceed five percent (5%) of the current total approved budget.

Medi-Cal Navigators Project (AB 74)	Time Base (FTEs)	SFY 1	SFY 2	SFY 3	Administrative Close-Out	
		7/01/22 – 6/30/23	7/1/23 – 6/30/24	7/1/24 – 6/30/25	7/1/25 – 6/30/26	Amount
<b>Personnel Staff</b>						
2.0 FTE Eligibility Worker III		\$ 54,609.00	\$ 109,219.00	\$ 109,219.00		\$ 273,047.00
.30 FTE Eligibility Supervisor		\$ 9,655.00	\$ 19,310.00	\$ 19,310.00		\$ 48,275.00
.10 FTE Program Manager		\$ 10,035.00	\$ 10,035.00	\$ 10,035.00		\$ 30,105.00
.10 FTE Analyst		\$ 8,982.00	\$ 7,078.00	\$ 7,078.00		\$ 23,138.00
.10 FTE Employment Training Supervisor		\$ 8,848.00	\$ 7,043.00	\$ 7,043.00		\$ 22,934.00
						\$ -
						\$ -
<b>Benefits</b>		\$ 52,080.00	\$ 86,312.00	\$ 86,312.00		\$ 224,704.00
<b>Total Personnel Expenses</b>	<b>-</b>	<b>\$ 144,209.00</b>	<b>\$ 238,997.00</b>	<b>\$ 238,997.00</b>	<b>\$ -</b>	<b>\$ 622,203.00</b>
<b>Non-Personnel – Direct Costs</b>						
Office Expenses		\$ 500.00	\$ 500.00	\$ 500.00	\$ -	\$ 1,500.00
Equipment		\$ 6,600.00	\$ 3,300.00	\$ 1,000.00	\$ -	\$ 10,900.00
Travel					\$ -	\$ -
Training					\$ -	\$ -
Outreach Material		\$ 3,500.00	\$ 1,000.00	\$ 1,000.00	\$ -	\$ 5,500.00
Media Outreach		\$ 16,000.00	\$ 16,000.00	\$ 12,568.00	\$ -	\$ 44,568.00
Total Budget for All CBOs						
Other Costs [itemize expenses in an attachment]		\$ 6,000.00	\$ 3,000.00	\$ 3,000.00	\$ -	\$ 12,000.00
- Incentives		\$ 3,000.00	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 6,000.00
<b>Total Direct Costs</b>		<b>\$ 35,600.00</b>	<b>\$ 25,300.00</b>	<b>\$ 19,568.00</b>	<b>\$ -</b>	<b>\$ 80,468.00</b>
<b>Non-Personnel – Indirect Costs</b>						
-Health Insurance		\$ -	\$ -		\$ -	\$ -
-Other Costs [itemize expenses in an attachment]		\$ -	\$ -		\$ -	\$ -
<b>Total Indirect Costs</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Total Personnel Expenses</b>		<b>\$ 144,209.00</b>	<b>\$ 238,997.00</b>	<b>\$ 238,997.00</b>	<b>\$ -</b>	<b>\$ 622,203.00</b>
<b>Total Direct Costs</b>		<b>\$ 35,600.00</b>	<b>\$ 25,300.00</b>	<b>\$ 19,568.00</b>	<b>\$ -</b>	<b>\$ 80,468.00</b>
<b>Total Indirect Costs @ 15.0%</b>		<b>\$ 21,631.00</b>	<b>\$ 35,849.00</b>	<b>\$ 35,849.00</b>		<b>\$ 93,329.00</b>
<b>Grand Total</b>		<b>\$ 201,440.00</b>	<b>\$ 300,146.00</b>	<b>\$ 294,414.00</b>	<b>\$ -</b>	<b>\$ 796,000.00</b>

**DHCS Health Enrollment Navigators Project  
Budget Plan Reporting Instructions**

	#	Field Name	Description
<b>Instructions</b>	<b>Tab 3</b>	Budget Plan Line Items	<p>For the Personnel section of your budget plan; state the staff, the time spent on the project, job title, and the role the individual will serve during the Health Navigators Project.</p> <p>For the Direct operating costs, state what your county or organization intends to bill toward each line item.</p> <p>Once awarded, If you plan to bill something different then what was previously stated, please notify DHCS for approval before purchasing. If you do not seek approval prior to purchasing and the item(s) is not permissible, DHCS will not reimburse the item(s) purchased.</p>
	<b>FTE</b>	<b>Name/Job Title or Position</b>	<b>Role Description for the Health Navigators Project</b>
<b>Personnel Staff</b>	<b>0.25</b>	Employment and Training Supervisor	Creates professional informational videos in the Madera DSS Media Studio
	<b>0.25</b>	Administrative Analyst	Creates media content. Operates Social Media and Department websites. Tracks,
	<b>2</b>	EW III	enrolls, educates, and troubleshoots. Trains community partners. Attends outreach
	<b>0.5</b>	EW Supervisor	Supervise staff
	<b>0.2</b>	Program Manager	Supervise staff and program
<b>Non- Personnel: Direct Operating Costs</b>	Equipment		<b>Media software-</b> Canva, Access, Adobe etc. <b>Marketing software-</b> HootSuite. <b>Outreach equipment-</b> table, chairs, health navigator branded tee-shirts, computer privacy screens, computer security.
	Travel		
	Training		
	Outreach Material		<b>Printed Informational Materials-</b> flyers, business cards, handouts. <b>Medi-Cal Banner-</b> banner placed on mainstreet Madera.
	Media Outreach		<b>Social Media</b> -ads. <b>Bulletin/Billboard-</b> Medi-Cal themed billboard on 99 in Madera and other places. <b>Banner Rent-</b> charge to hang banner on mainstreet.
	Total Budget for All CBOs		
<b>Non- Personnel: Direct Operating Costs</b>	Other Cost: - Incentives		<b>Personalized promotional material-</b> pens, magnets, chip clips, bags, etc. <b>Edible goods-</b> candy, water. <b>Space rent-</b> Madera-Flea Market, Madera County Fair, Chowchilla County Fair. <b>Medi-Cal Renewal and Resource Fair-</b> space rent, licenses, permits, advertising, vendor coordination.

**ATTACHMENT “2”**

## Work Plan Instructions

The Department of Health Care Services (DHCS) is requesting a completed Work Plan for the Health Navigators Project. The Work Plan provides an overall scope of work efforts each project partner anticipates to implement and execute throughout the duration of the Health Navigators Project. DHCS will use the Work Plan as part of the application process and, if awarded, as a way to refer and monitor the work being completed in your county. Please complete each section of the Work Plan and provide realistic goals, activities, and approaches based on your community and county needs and organizational capacity.

### Planning & Start-Up

Identify specific program planning and start-up activities your county or organization will implement before beginning navigation efforts. Identify the anticipated completed by date or timeframe.

### Normal Operations

Identify specific strategies and activities your county or organization intends to utilize and execute to meet the core objectives of AB74, (outreach, application assistance, enrollment, navigation, retention, and troubleshooting). Identify specific target population(s) and the responsible entity who will implement these activities.

### Public Health Emergency (PHE) Plan

Per the Medi-Cal Health Enrollment Navigators Project (HNP) Bulletin 2022-002, the Department of Health Care Services (DHCS) is preparing for the eventual termination of the COVID-19 PHE and the unwinding of efforts implemented as part of the response to this emergency. To prepare for the resumption of normal operations within our communities, HNP is requesting partners to implement focused activities, **above and beyond**, based off the status of the PHE. As such, identify below, the specific strategies and activities your county or organization intends to utilize and execute to meet each focus relating to the status of the PHE. Identify specific target population(s) and the responsible entity that will implement these activities.

#### During PHE

These focused activities are implemented while PHE is in effect. Identify activities relating to outreach focus during PHE to encourage beneficiaries to provide their local county social services agency with any updated contact information. Identify if the outreach will be direct or if media outreach will be used. Identify specific target population(s) and responsible entity that will implement these activities.

#### 60 Days Prior To PHE Termination

These focused activities are implemented from the 60 day notice through the end of PHE. Identify activities relating to outreach to encourage beneficiaries to update their contact information with their local county services office and check for upcoming renewal packets. Identify specific target population(s) and the responsible entity that will implement these activities.

#### 12 Month PHE Unwinding Period

These focused activities are implemented at the end of the PHE through the unwind period as directed by DHCS. Identify activities that support the retention and redetermination of Medi-Cal benefits. Identify the specific target population(s) and the responsible entity that will implement these activities.

### Project Goals

For tab 5, on the normal operations table, identify the number of individuals your county or organization anticipates to encounter for each data point related to normal operations. Enter the number for each goal under each fiscal year (FY). On the Focused Activities for PHE table identify the number of individuals your county or organization anticipates to encounter for each data point related to PHE Focused Activities.



## NAVIGATORS PROJECT WORK PLAN

**Program Planning and Startup Plan****Section 1: Identify specific Navigators Project's planning and start-up activities and the anticipated completion dates for the activities identified****PROGRAM PLANNING AND START-UP ACTIVITIES**

What strategies/ activities will be used to achieve?

**ANTICIPATED  
COMPLETION  
DATE****ACTUAL  
COMPLETION  
DATE**

Recruit and hire 2 full time navigators

12/01/2022

Train 2 full time navigators

01/01/2023

# Normal Operations

**Section 2: Identify specific outreach, application assistance, enrollment, access & utilization to health care, troubleshooting, and retention strategies and activities that meets the core objectives of AB 74 you will conduct to implement this approach. Identify specific target population(s) and the responsible entity who will implement these activities. Please list an activity(ies) for each task. For reference, a short list of examples of activities under each task is on Tab 6.**

[illegible]

**(NAME OF COUNTY OR COMMUNITY-BASED ORGANIZATION)**  
**NAVIGATORS PROJECT WORK PLAN**

Attachment 2

## Public Health Emergency (PHE) Plan

**Section 3: On this tab, partners should list additional activities that go above and beyond the core AB74 activities as for the following phases of PHE. 1) Identify activities relating to outreach focus during PHE to encourage beneficiaries to provide their local county social services agency with any updated contact information such as: name, address, phone number, and email so the county can contact beneficiaries with important information about keeping their Medi-Cal coverage. Identify specific target population(s) and the responsible entity who will implement these activities. 2) Identify activities relating to outreach and retention during the 60 days prior to PHE termination. Identify specific target population(s) and the responsible entity who will implement these activities. 3) Identify activities relating to the PHE unwind which focuses on retention. Identify specific target population(s) and the responsible entity who will implement these activities.**

Task	STRATEGIES AND ACTIVITIES What strategies/ activities will be used to achieve this phase?	TARGET POPULATIONS Refer to Tab 6	RESPONSIBLE ENTITY Name of county or CBO, or subcontracted entity
During PHE			
Media Outreach	Develop, cast, and film informational videos on Medi-Cal and the end of PHE to post on social media	1-10	Madera County
Outreach	Develop social media campaign to reach targeted groups about Medi-Cal and the end of the PHE	1-10	Madera County
Outreach	Advertise Medi-Cal benefit renewals in Spanish on a billboard along Highway 99 and other locations	7,8	Madera County
Outreach	Host Medi-Cal Renewal and Resource Fair in the community	1-10	Madera County
Outreach	Attend community events, resource fairs, etc. to encourage voluntary completion of recertification paperwork	1-10	Madera County
Outreach	Educate CBOs and partner agencies on the end of the PHE and how to refer clients to navigation services	1-10	Madera County
(Select One)			
(Select One)			
(Select One)			
(Select One)			
(Select One)			
(Select One)			
60 Days Prior to PHE Termination			
Media Outreach	Inform the public of benefits of maintaining coverage through strategically placed billboards in Spanish	7-8	Madera County
Media Outreach	Develop social media campaign to educate the community on the impact of the PHE termination and steps necessary to maintain coverage	1-10	Madera County
Outreach	Educate CBOs and partner agencies on the end of the PHE and how to refer clients to navigation services	1-10	Madera County
Media Outreach	Advertise Medi-Cal benefit renewals in Spanish on a billboard along Highway 99 and other locations	7-8	Madera County
Retention	Promote the importance of maintaining health coverage with Medi-Cal beneficiaries at community events	1-10	Madera County
Media Outreach	Advertise Medi-Cal benefit renewals in English on billboards in (rural) eastern Madera County	1-10	Madera County
(Select One)			
(Select One)			
12 Month PHE Unwinding Period			
Redetermination Assistance	Contact beneficiaries who lost coverage after the termination of the PHE to encourage and assist them to reestablish eligibility for Medi-Cal	1-10	Madera County
Retention	Partner with Medi-Cal Managed Care plans to conduct outreach events in the community about benefits of Medi-Cal	1-10	Madera County
Retention	Advertise Medi-Cal benefit renewals in Spanish on a billboard along Highway 99 and other locations	7-8	Madera County
(Select One)			
(Select One)			
(Select One)			
(Select One)			
(Select One)			
(Select One)			

Normal Operations			
	FY 2022-23	FY 2023-24	FY 2024-25
Media Outreach	100,000	100,000	50,000
Direct Outreach	1,000	2,000	2,000
Application Assistance	300	700	700
Enrollment	150	500	500
Retention	400	800	800
Navigation	1,000	2,000	2,000
Troubleshooting	200	500	500


Focused Activities For PHE	
Direct Outreach	500
Application Assistance	200
Media Outreach	75,000
Enrollment	150
Retention	600
Navigation	500
Troubleshooting	100

**(NAME OF COUNTY OR COMMUNITY-BASED ORGANIZATION)**  
**NAVIGATORS PROJECT WORK PLAN**

Attachment 2

<b><u>Target Populations</u></b>	
<b>1.</b>	<b>Persons with Mental Health Disorders</b>
<b>2.</b>	<b>Persons with Substance Use Disorders</b>
<b>3.</b>	<b>Persons with Other Disabilities</b>
<b>4.</b>	<b>Aged Persons</b>
<b>5.</b>	<b>Homeless Persons</b>
<b>6.</b>	<b>Young People of Color</b>
<b>7.</b>	<b>Immigrants &amp; Families of Mixed Immigration Status</b>
<b>8.</b>	<b>Persons with Limited English Proficiency</b>
<b>9.</b>	<b>Low-Wage Workers and their Families and Dependents</b>
<b>10.</b>	<b>Uninsured Children or Youth Formerly Enrolled in Medi-Cal</b>
<b>11.</b>	<b>Persons Who are in County Jail or State Prison, on State Parole, on County Probation, or Under Post Release Community Supervision</b>
<b>12.</b>	<b>Populations affected by the Medi-Cal eligibility expansions</b>

<b>Task</b>	<b>Definition</b>	<b>Example</b>
Enrollment	Activities for this task are for individuals encountered was enrolled into/approved for Medi-Cal as a result of submitting their application package.	Example activities include processing/approving the Medi-Cal application or when Medi-Cal enrollment is a direct result of being educated by or receiving assistance from the Navigators Project.
Retention	Activities for this task are for individuals encountered that result in their continuation of their Medi-Cal benefits, or re-establishing eligibility within the 90 day cure period.	Example activities include processing redeterminations, change in circumstance reports, assisting individuals complete the redetermination packets and and/or submit required substantiating documentation.
Direct Outreach	Activities for this task are if the individual was directly encountered as part of the outreach activities. For purposes of this Project, "outreach" is defined as "Individuals being informed or educated about Medi-Cal Program including how to apply for and keep Medi-Cal benefits.	Example activities include community events, handing out flyers, and direct calls.
Media Outreach	Activities for this task are used if the individual was encountered through various media platforms as part of the outreach activities. For purposes of this Project, "outreach" is defined as "Individuals being informed or educated about Medi-Cal Program including how to apply for and keep Medi-Cal benefits.	Example activities include radio ads, bill board ads, and an Instagram post.
Application Assistance	Activities for this task are when an individual encountered was assisted in completing any or all parts of the Medi-Cal application package.	Example activities include filling out an application, and/or submit required substantiating documentation.
Access & utilization to health care	Activities for this task include assisting with access & utilization to health care.	Example activities include providing information about how to use Medi-Cal, explaining the difference between managed care and eligibility.
Troubleshooting	Activities are assisting with resolving any problems or issues associated with their Medi-Cal benefits and access to care.	Example activities include researching limitations or denials of care, requesting new Medi-Cal Benefits Identification Cards, and providing points of contact to resolve issues.
Assistance with Redetermination	Activities for this task are when an individual encountered was assisted in completing any or all parts of the Medi-Cal annual redetermination package prior to their redetermination date, or those same efforts during the 90 day cure period to retain.	Example activities include researching limitations or denials of care, requesting new Medi-Cal Benefits Identification Cards, and providing points of contact to resolve issues.

**ATTACHMENT “3”**

	#	Field Name	Definitions
<b>Instructions</b>	<b>Tab 2</b>	Quarterly Invoice Template	Read the definitions for each field name of the Invoice Template.  Properly fill out the invoice based on the guidance given below. Invoices that are not properly filled out will be returned to the partner for completion.  A draft invoice, in Excel format, can be submitted to the Navigator Analyst for review prior to finalizing. Once the invoice is finalized, the invoice should be <u>electronically</u> signed and dated by the required designated personnel staff of the county or organization. If the invoice is not signed and/or dated, it will not be processed.
	1	County Name	Identify the county for the expenses identified on the invoice.  If an organization is submitting an invoice, identify the county name the organization participates in for the Health Navigators Project.  If an organization participates in multiple counties, provide the organization name.
<b>Invoice Template Layout</b>	2	Vendor ID	To be provided by your Navigator Analyst. If necessary, you can leave this blank on your first invoice
	3	Invoice #	Identify the invoice by using the standard invoice numbering system, which is designed to identify the county or CBO, project, State fiscal year (FY), and the quarter claimed.  For example, invoice number ALA-NP-21/22-Q1 would represent: Alameda County - Navigators Project - FY 21/22 - Quarter 1.
	4	State Fiscal Year (SFY)	Use the drop down on the template to identify the expenses billed on the template for the specific Fiscal Year.
	5	Billing Period	Use the drop down on the template to identify the expenses billed on the template for the specific billing period
	6	Budget Categories	The line items listed on the Budget Plan.
	7	*Approved Budget* Column	The overall total of each line item identified on the approved Budget Plan.
	8	*Prior Amount Expended* Column	For the first invoice submitted, this column should be left blank.  In the next invoice submitted, this column should display any and all expenses billed from previous invoices.
<b>Invoice Template Layout</b>	#	Field Name	Definitions
	9	*Expenses Billed This Quarter* Column	Input the expenses billed for each line item for the quarter. Depending on the expenses billed, submit all required supporting documents.  Refer to the Supporting Documents section below to determine which line item requires supporting documentation.  The Supporting documents should clearly refer to the expenses being billed. If supporting documents are not submitted for the required line item, or do not clearly display the expenses being billed, the invoice will not be processed and will be returned to the partner for completion.
	10	*Amount Expended To Date* Column	The total amount of expenses for each line item billed to date.
	11	*Remaining Balance Column*	Shows the remaining balance of each line item based on the approved totals of each line item.
	12	CBO section	If the Navigators partner is contracting with any sub-contractor(s), identify the sub-contractor(s) name and their total invoice expenses.
<b>Instructions</b>	#	Line Items	Supporting Documents
		Instructions	Specific supporting documents are required when submitting a quarterly invoice for payment. Partners who do not submit all required supporting documents, will either not receive payment or have a delay in payment if the expenses cannot be properly verified.  Below identifies what items require supporting documents if billed and various examples of supporting documents. The supporting documents should be produced within the existing billing period and add up to the amount listed on the invoice for the specific line item. Partners who are contracting with subcontractors should oversee and validate the expenses of their subcontractors. Expenses paid to the subcontractor(s) should be paid only for what are considered to be allowable costs by the state.
	1	Personnel Staff	Supporting documents are required.  Examples of supporting documents: time sheets, summary reports, attendance reports, etc. Anything that can validate the expense and the individual(s) working on this project. Avoid submitting an excess of documentation and only provide the minimum necessary to verify expenses.
<b>Personnel Costs</b>	2	Benefits	Supporting documents are not required.
<b>Non- Personnel: Direct Operating Costs</b>	#	Line Items	Supporting Documents
	3	Office Expenses	Supporting documents are required. Provide a list or summary of expenses
	4	Equipment	Supporting documents are required. Provide invoice or receipts of the equipment item(s) purchased
	5	Travel	Supporting documents are required. Provide billed gas mileage, travel logs, summary sheet etc.
	6	Training	Supporting documents are required. Provide the invoice or receipts of the training taken
	7	Outreach Material	Supporting documents are required. Provide the invoice or receipts of the material printed
	8	Media Outreach Material	Supporting documents are required. Provide the invoice or receipts of the purchased ads
	9	Total Budget for All CBOs	Supporting documents are required. Provide the invoice(s) the subcontractor(s) provides to the prime Navigators Partner awardee. DHCS requires the overall invoice only. Additional back up documentation for subcontractor invoices is not required.
	10	Other Cost: - Incentives	Supporting documents are required. Provide any invoices or receipts.  Any items being used for other projects, internal operations, etc. will need to be pro-rated toward the Health Navigators Project.
<b>NOT- Personnel: Indirect Costs</b>	11	Indirect costs	Supporting documents are optional.
	12	Health Benefits	Supporting documents are optional.



COUNTY/CBO NAME: \_\_\_\_\_

STATE FISCAL YEAR \_\_\_\_\_

VENDOR ID #: \_\_\_\_\_

BILLING PERIOD \_\_\_\_\_

INVOICE #: \_\_\_\_\_

AUTHORIZATION: SB 154 | CH 43 | STATUTES OF  
2022

BUDGET CATEGORIES (PER CONTRACT)	APPROVED BUDGET	PRIOR AMOUNT EXPENDED	EXPENSES BILLED THIS QUARTER	FOR DHCS USE ONLY		AMOUNT EXPENDED TO DATE	REMAINING BALANCE
				ADJUSTMENT	APPROVED AMOUNT		
<b>PERSONNEL EXPENSES</b>							
Full-Time Staff						\$0.00	\$0.00
Part-Time Staff						\$0.00	\$0.00
Benefits _____%						\$0.00	\$0.00
<b>TOTAL PERSONNEL EXPENSES</b>	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
<b>OPERATING EXPENSES</b>							
Office Expenses						\$0.00	\$0.00
Equipment						\$0.00	\$0.00
Travel						\$0.00	\$0.00
Training						\$0.00	\$0.00
Outreach Materials						\$0.00	\$0.00
Media Outreach Materials						\$0.00	\$0.00
Other Costs [itemize each cost - insert line below]						\$0.00	\$0.00
Total Budget for all CBO's [itemize in CBO section below]						\$0.00	\$0.00
Indirect Costs _____%*						\$0.00	\$0.00
<b>TOTAL OPERATING EXPENSES</b>	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00

\* CANNOT EXCEED MUTUALLY AGREED UPON AMOUNT OF TOTAL FUNDS ALLOCATED.

BUDGET CATEGORIES (PER CONTRACT)	APPROVED BUDGET	PRIOR AMOUNT EXPENDED	EXPENSES BILLED THIS QUARTER	FOR DHCS USE ONLY		AMOUNT EXPENDED TO DATE	REMAINING BALANCE
				ADJUSTMENT	APPROVED AMOUNT		
<b>ITEMIZED CBO COSTS**</b>							
CBO Name						\$0.00	\$0.00
CBO Name						\$0.00	\$0.00
CBO Name						\$0.00	\$0.00
CBO Name						\$0.00	\$0.00
CBO Name						\$0.00	\$0.00
CBO Name						\$0.00	\$0.00
<b>TOTAL CBO COSTS</b>	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
<b>TOTAL OF ALL EXPENSES</b>	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00



**\*\* CBO invoices must be attached to invoice, if applicable**

I certify that the expenditures claimed represent actual expenses for the service performed under this allocation.

<b>Sign in blue ink only</b>		
County or CBO Navigators Project Manager or Authorized Designee (Print Name)	Signature	Date

<u>COUNTY/CBO NAME</u>	<u>STATE FISCAL YEAR</u>	<u>BILLING PERIOD</u>
Alameda	SFY 2022-23	INITIAL PAYMENT
Alpine	SFY 2023-24	Quarter 1 (Jul-Sept 2022)
Amador	SFY 2024-25	Quarter 2 (Oct-Dec 2022)
Butte	SFY 2025-26	Quarter 3 (Jan-Mar 2023)
Calaveras	SFY 2026-2027	Quarter 4 (Apr-Jun 2023)
Colusa		Quarter 1 (Jul-Sept 2023)
Contra Costa		Quarter 2 (Oct-Dec 2023)
Del Norte		Quarter 3 (Jan-Mar 2024)
El Dorado		Quarter 4 (Apr-Jun 2024)
Fresno		Quarter 1 (Jul-Sep 2024)
Glenn		Quarter 2 (Apr-Jun 2024)
Humboldt		Quarter 3 (Jan-Mar 2025)
Imperial		Quarter 4 (Apr-Jun 2025)
Inyo		Admin Close-Out (Jul-Sept 2025)
Kern		Admin Close-Out (Oct-Dec 2025)
Kings		Admin Close-Out (Jan-Mar 2026)
Lake		Admin Close-Out (Apr-Jun 2026)
Lassen		FINAL INVOICE
Los Angeles (DPH)		
Madera		
Marin		
Mariposa		
Mendocino		
Merced		
Modoc		
Mono		
Monterey		
Napa		
Nevada		
Orange		
Placer		
Plumas		
Riverside		
Sacramento		
San Benito		
San Bernardino		
San Diego		
San Francisco		
San Joaquin		
San Luis Obispo		
San Mateo		
Santa Barbara		
Santa Clara		
Santa Cruz		
Shasta		
Sierra		
Siskiyou		
Solano		
Sonoma		
Stanislaus		
Sutter		
Tehama		
Trinity		
Tulare		
Tuolumne		
Ventura		
Yolo		
Yuba		
Ampla Health		
Bonita Family Resource Center		
California Coverage and Health Initiatives		
Catholic Charities		
Center for Human Development		
Community Service Solution		
Harwood Memorial Park		
Innecare		
Kaweah Health Foundation		
Marin Community Clinic		
Sacramento Covered		
SFCCC		

**ATTACHMENT “4”**

**DNCS Health Enrollment Navigators Project  
Monthly Data Reporting Instructions**

#	Field Name	Description	When to Indicate
<b>INFORMATIONAL DATA</b>	<b>1</b> Partner Name	Name of the Partner submitting the Monthly Data Report.	This field must be completed.
	<b>2</b> County Name	Name of the county where services are rendered.	This field must be completed.
	<b>3</b> Reporting Period	Month and Year for which the Monthly Data Report is being submitted.	This field must be completed.
	<b>4</b> Eligibility Date (MM/DD/YYYY)	If DP 1 Enrolled is marked, this is the effective eligibility date of the individual. If DP 2 Retained is marked, this is application renewal date.	This field must be completed.
	<b>5</b> Person Encountered (Last Name)	This is the last name of the individual encountered as part of the approved Project activities.	This field must be completed.
	<b>6</b> Person Encountered (First Name)	This is the first name of the individual encountered as part of the approved Project activities.	This field must be completed.
	<b>7</b> CIN #	This is the Client Identification Number (CIN) of the individual encountered as part of the approved Project activities. Enter the full 9 character CIN (XXXXXXXXXX) without dashes or spaces.	This field must be completed. If left blank, Social Security Number needs to be provided.
	<b>8</b> Social Security Number (XXXXXXXXXX)	This is the Social Security Number (XXXXXXXXXX) of the individual encountered as part of the approved Project activities. Enter without dashes or spaces.	This field may be left blank if CIN is provided. The individual's MEDS ID may be provided in place of the Social Security Number.
	<b>9</b> Date of Birth	This is the actual date of birth (MM/DD/YYYY) of the individual encountered as part of the approved Project activities.	This field must be completed.
	<b>10</b> Street Address	This is the current (or last known) home street address of the individual encountered as part of the approved Project activities.	This field must be completed.
	<b>11</b> City Address	This is the current (or last known) home city of the individual encountered as part of the approved Project activities.	This field must be completed.
	<b>12</b> Zip Code Address	This is the current (or last known) home zip code of the individual encountered as part of the approved Project activities. Please enter the first 5 digits (XXXXX).	This field must be completed.
<b>AGE DATA</b>	<b>13</b> A 1: Children: Ages 0-18	This range is used to indicate the age range of the individual being assisted as part of the approved Project activities.	This field may be left blank if the Date of Birth field is filled out. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>14</b> A 2: Adults: Ages 19-64	This range is used to indicate the age range of the individual being assisted as part of the approved Project activities.	This field may be left blank if the Date of Birth field is filled out. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>15</b> A 3: Adults: Ages 65+	This range is used to indicate the age range of the individual being assisted as part of the approved Project activities.	This field may be left blank if the Date of Birth field is filled out. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
<b>DATA POINT (DP)</b>	<b>16</b> DP 1: Enrolled	This field is used to indicate if the individual encountered was enrolled into approved for Medi-Cal as a result of submitting their application package. For purposes of this Project, "enrolled" is defined as "Individuals enrolled into Medi-Cal as a direct result of being educated by or receiving assistance from the Navigators Project."	If the individual encountered was assisted for this purpose, then all applicable informational data and TP's 1-11 should be filled out with all available data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>17</b> DP 2: Retained	This field is used to indicate if the individual encountered was approved for re-enrollment within the 90 care period, or able to continue their enrollment in Medi-Cal by proactively submitting the required documents, as part of the annual redetermination process. For purposes of this Project, "retained" is defined as "Individuals continued to be enrolled for on-going Medi-Cal benefits as a direct result of the Navigators Project."	If the individual encountered was assisted for this purpose, then all applicable informational data and TP's 1-11 should be filled out with all available data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>18</b> DP 3: Direct Outreach	This field is used to indicate if the individual was directly encountered as part of the outreach activities. For purposes of this Project, "outreach" is defined as "Individuals being informed or educated about Medi-Cal Program including how to apply for and keep Medi-Cal benefits. Eligible." Example activities include community events, handing out flyers, and direct calls.	If the individual encountered only for outreach purposes, include the information in the table aggregate data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>19</b> DP 4: Media Outreach	This field is used to indicate if the individual was encountered through various media platforms as part of the outreach activities. For purposes of this Project, "outreach" is defined as "Individuals being informed or educated about Medi-Cal Program including how to apply for and keep Medi-Cal benefits. Eligible." Example activities include radio ads, bill board ads, and an Instagram post.	If the individual encountered only for outreach purposes, include the information in the Quarterly Progress Report as aggregate data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>20</b> DP 5: Assisted with Application	This field is used to indicate if the individual encountered was assisted in completing any or all parts of the Medi-Cal application package. For purposes of this Project, "assisted with application" is defined as "Individuals receiving assistance on how to apply for Medi-Cal, fill out an application, and/or submit required substantiating documentation."	If the individual encountered was assisted for this purpose, include the information in the Quarterly Progress Report as aggregate data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>21</b> DP 6: Assisted with Accessing & Utilizing Health Care Services	This field is used to indicate if the individual encountered was assisted with resolving any problems or requesting assistance in order to utilize their existing Medi-Cal benefits. For purposes of this Project, "assisted with accessing & utilizing health care services" is defined as "Medi-Cal recipients receiving assistance in accessing and utilizing health care services such as dental or medical office visits or routine medical care."	If the individual encountered was assisted for this purpose, include the information in the Quarterly Progress Report as aggregate data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>22</b> DP 7: Assisted with Troubleshooting	This field is used to indicate if the individual encountered was assisted with resolving any problems or issues associated with their being enrolled into or keeping their existing Medi-Cal benefits. For purposes of this Project, "assisted with troubleshooting" is defined as "Individuals receiving assistance on Medi-Cal eligibility problems or case management issues in order to keep their on-going Medi-Cal benefits."	If the individual encountered was assisted for this purpose, include the information in the Quarterly Progress Report as aggregate data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>23</b> DP 8: Assisted with Redetermination	This field is used to indicate if the individual encountered was assisted with resolving any problems or issues associated with keeping their existing Medi-Cal benefits. For purposes of this Project, "assisted with redetermination" is defined as "Individuals receiving assistance on Medi-Cal eligibility problems or case management issues in order to keep their on-going Medi-Cal benefits. This assistance is exclusively for Medi-Cal renewal or re-determination related services provided by the Navigators Project." Example activities include assistance with renewal application, obtaining the required documents for renewal, and assisting with renewal of all documentation.	If the individual encountered was assisted for this purpose, include the information in the Quarterly Progress Report as aggregate data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>24</b> TP 1: Mental Health Disorders	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>25</b> TP 2: Substance Use Disorders	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
<b>TARGET POPULATION DATA (TP)</b>	<b>26</b> TP 3: Other Disabilities	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>27</b> TP 4: Aged Persons	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>28</b> TP 5: Homeless	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>29</b> TP 6: Young People of Color	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>30</b> TP 7: Immigrants & Families of Mixed Immigration Status	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>31</b> TP 8: Limited English Proficiency	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>32</b> TP 9: Low-Wage Workers and their Families or Dependents	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>33</b> TP 10: Uninsured Children or Youth Formerly Enrolled in Medi-Cal	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>34</b> TP 11: Persons who are in County Jail, State Prison, or State Parole, on County Probation, or under Post-Release Community Supervision	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	<b>35</b> TP 12: Populations affected by the Medi-Cal eligibility expansions	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.

**Health Enrollment Navigators  
Monthly Self-Reported (Soft) Data**

Attachment 4

**Partner Name:** \_\_\_\_\_  
**County Name:** \_\_\_\_\_  
**Reporting Period:** \_\_\_\_\_

**Normal Operations**

<b>DP 1:</b>	<b>Enrolled</b>	0
<b>DP 2:</b>	<b>Retained</b>	0
<b>DP 3:</b>	<b>Direct Outreach</b>	0
<b>DP 4:</b>	<b>Media Outreach</b>	0
<b>DP 5:</b>	<b>Assisted with Application</b>	0
<b>DP 6:</b>	<b>Assisted with Accessing &amp; Utilizing Health Care Services</b>	0
<b>DP 7:</b>	<b>Assisted with Troubleshooting</b>	0
<b>DP 8:</b>	<b>Assisted with Redetermination</b>	0

**Focused Activities For PHE**

<b>DP 2:</b>	<b>Retained</b>	0
<b>DP 3:</b>	<b>Direct Outreach</b>	0
<b>DP 4:</b>	<b>Media Outreach</b>	0
<b>DP 8:</b>	<b>Assisted with Redetermination</b>	0

## Attachment 4

[illegible]

**ATTACHMENT “5”**

## DHCS Health Enrollment Navigators Project Quarterly Progress Report

County/CBO: \_\_\_\_\_

FY: \_\_\_\_\_ Quarter: \_\_\_\_\_

**Instructions:** Report the progress your county or organization achieved during the quarter and year-to-date (YTD). Provide a response to each of the following prompts identify below. If no response, please state N/A. The Quarterly Progress Report must be submitted along with the Quarterly Invoice. If the report is incomplete, DHCS will return it to the partner for completion.

1. Describe the activities carried out this reporting period to meet the enrollment and retention goals, as described in your work plan. If you worked with any community-based organizations (CBOs), please indicate who they are and what did they do for the project.

2. Describe any practices or innovative strategies that were successful and can serve as a model for others or that your county or organization can build upon.

3. If any, describe project activities or successes not identified in the work plan that were a spin-off of work plan activities.

4. If any, describe proposed activities that were not completed this quarter. Explain why they were not completed and if your county or organization will complete them.



5. Describe the target population(s) impacted by your Navigators Project efforts this quarter.

6. Describe any challenges or barriers encountered. Provide any proposed solutions to those challenges or barriers. *If none can be identified, notify your Navigators Analyst as barriers are encountered to receive guidance.*

7. Provide any additional updates or information completed this quarter that was not identified in the above prompts and/or anything you feel DHCS should be aware of.

8. Provide any feedback or comments DHCS can implement or assist with for the upcoming quarter or duration of this project.

<b>This Document was completed by:</b>	
Name:	
Title:	
Email:	
Date of completion:	

**ATTACHMENT “6”**

## **Attachment 6**

### **Applicability to Allocation Agreement**

This Business Associate Addendum (BAA) has been prepared for use solely in connection with the "Allocation Agreement – Medi-Cal Health Enrollment Navigators Project between County and the Department of Health Care Services (DHCS). The following conditions apply to the extent that performance of the Allocation Agreement by County results in County having access to or gathering Protected Health Information or Personal Information as defined in paragraph 4.1 below:

- A. If the county business unit entering into the Allocation Agreement on behalf of County is the same county business unit that performs Medi-Cal eligibility services on behalf of DHCS, and County has made a separate Privacy and Security Agreement with DHCS, then this BAA does not apply, and the Allocation Agreement shall instead be subject to the provisions of the Privacy and Security Agreement.
- B. If the county business unit or other entity entering into the Allocation Agreement is not the same county business unit that performs Medi-Cal eligibility services on behalf of DHCS, or County has not made a separate Privacy and Security Agreement with DHCS, then the following BAA does apply to the Allocation Agreement.

### **Business Associate Addendum**

1. This Agreement has been determined to constitute a business associate relationship under the Health Insurance Portability and Accountability Act (HIPAA) and its implementing privacy and security regulations at 45 Code of Federal Regulations, Parts 160 and 164 (collectively, and as used in this Agreement)
2. The term "Agreement" as used in this document refers to and includes both this Business Associate Addendum and the contract to which this Business Associate Agreement is attached as an exhibit, if any.
3. For purposes of this Agreement, the term "Business Associate" shall have the same meaning as set forth in 45 CFR section 160.103.
4. The Department of Health Care Services (DHCS) intends that Business Associate may create, receive, maintain, transmit or aggregate certain information pursuant to the terms of this Agreement, some of which information may constitute Protected Health Information (PHI) and/or confidential information protected by Federal and/or state laws.
  - 4.1 As used in this Agreement and unless otherwise stated, the term "PHI" refers to and includes both "PHI" as defined at 45 CFR section 160.103 and Personal Information (PI) as defined in the Information Practices Act (IPA) at California Civil Code section 1798.3(a). PHI includes information in any form, including paper, oral, and electronic.
  - 4.2 As used in this Agreement, the term "confidential information" refers to information not otherwise defined as PHI in Section 4.1 of this Agreement, but to which state and/or federal privacy and/or security protections apply.
5. Contractor (however named elsewhere in this Agreement) is the Business Associate of DHCS acting on DHCS's behalf and provides services or arranges, performs or assists in the performance of functions or activities on behalf of DHCS, and may create, receive, maintain, transmit, aggregate, use or disclose PHI (collectively, "use or disclose PHI") in order to fulfill Business Associate's obligations under this Agreement. DHCS and Business Associate are each a party to this Agreement and are collectively referred to as the "parties."
6. The terms used in this Agreement, but not otherwise defined, shall have the same meanings as those terms in HIPAA and/or the IPA. Any reference to statutory or regulatory language shall be to such language as in effect or as amended.

**7. Permitted Uses and Disclosures of PHI by Business Associate.** Except as otherwise indicated in this Agreement, Business Associate may use or disclose PHI, inclusive of de-identified data derived from such PHI, only to perform functions, activities or services specified in this Agreement on behalf of DHCS, provided that such use or disclosure would not violate HIPAA or other applicable laws if done by DHCS.

**7.1 Specific Use and Disclosure Provisions.** Except as otherwise indicated in this Agreement, Business Associate may use and disclose PHI if necessary for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate. Business Associate may disclose PHI for this purpose if the disclosure is required by law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person. The person shall notify the Business Associate of any instances of which the person is aware that the confidentiality of the information has been breached, unless such person is a treatment provider not acting as a business associate of Business Associate.

## **8. Compliance with Other Applicable Law**

**8.1** To the extent that other state and/or federal laws provide additional, stricter and/or more protective (collectively, more protective) privacy and/or security protections to PHI or other confidential information covered under this Agreement beyond those provided through HIPAA, Business Associate agrees:

**8.1.1** To comply with the more protective of the privacy and security standards set forth in applicable state or federal laws to the extent such standards provide a greater degree of protection and security than HIPAA or are otherwise more favorable to the individuals whose information is concerned; and

**8.1.2** To treat any violation of such additional and/or more protective standards as a breach or security incident, as appropriate, pursuant to Section 18. of this Agreement.

**8.2** Examples of laws that provide additional and/or stricter privacy protections to certain types of PHI and/or confidential information, as defined in Section 4. of this Agreement, include, but are not limited to the Information Practices Act, California Civil Code sections 1798-1798.78, Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, Welfare and Institutions Code section 5328, and California Health and Safety Code section 11845.5.

**8.3** If Business Associate is a Qualified Service Organization (QSO) as defined in 42 CFR section 2.11, Business Associate agrees to be bound by and comply with subdivisions (2)(i) and (2)(ii) under the definition of QSO in 42 CFR section 2.11.

## **9. Additional Responsibilities of Business Associate**

**9.1 Nondisclosure.** Business Associate shall not use or disclose PHI or other confidential information other than as permitted or required by this Agreement or as required by law.

### **9.2 Safeguards and Security.**

**9.2.1** Business Associate shall use safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI and other confidential data and comply, where applicable, with subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the information other than as provided for by this Agreement. Such safeguards shall be based on applicable Federal Information Processing Standards (FIPS) Publication 199 protection levels.

**9.2.2** Business Associate shall, at a minimum, utilize a National Institute of Standards and Technology Special Publication (NIST SP) 800-53 compliant security framework when selecting and implementing its security controls and shall maintain continuous compliance with NIST SP 800-53 as it may be updated from time to time. The current version of NIST SP 800-53, Revision 5, is available online at <https://csrc.nist.gov/publications/detail/sp/800-53/rev-5/final>; updates will be available online at <https://csrc.nist.gov/publications/sp800>.

**9.2.3** Business Associate shall employ FIPS 140-2 validated encryption of PHI at rest and in motion unless Business Associate determines it is not reasonable and appropriate to do so based upon a risk assessment, and equivalent alternative measures are in place and documented as such. FIPS 140-2 validation can be determined online at <https://csrc.nist.gov/projects/cryptographic-module-validation-program/validated-modules/search>, with information about the Cryptographic Module Validation Program under FIPS 140-2 available online at <https://csrc.nist.gov/Projects/cryptographic-module-validation-program/fips-140-2>. In addition, Business Associate shall maintain, at a minimum, the most current industry standards for transmission and storage of PHI and other confidential information.

**9.2.4** Business Associate shall apply security patches and upgrades, and keep virus software up-to-date, on all systems on which PHI and other confidential information may be used.

**9.2.5** Business Associate shall ensure that all members of its workforce with access to PHI and/or other confidential information sign a confidentiality statement prior to access to such data. The statement must be renewed annually.

**9.2.6** Business Associate shall identify the security official who is responsible for the development and implementation of the policies and procedures required by 45 CFR Part 164, Subpart C.

**9.3 Business Associate's Agent.** Business Associate shall ensure that any agents, subcontractors, subawardees, vendors or others (collectively, "agents") that use or disclose PHI and/or confidential information on behalf of Business Associate agree to the same restrictions and conditions that apply to Business Associate with respect to such PHI and/or confidential information.

**10. Mitigation of Harmful Effects.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI and other confidential information in violation of the requirements of this Agreement.

**11. Access to PHI.** Business Associate shall make PHI available in accordance with 45 CFR section 164.524.

**12. Amendment of PHI.** Business Associate shall make PHI available for amendment and incorporate any amendments to protected health information in accordance with 45 CFR section 164.526.

**13. Accounting for Disclosures.** Business Associate shall make available the information required to provide an accounting of disclosures in accordance with 45 CFR section 164.528.

**14. Compliance with DHCS Obligations.** To the extent Business Associate is to carry out an obligation of DHCS under 45 CFR Part 164, Subpart E, comply with the requirements of the subpart that apply to DHCS in the performance of such obligation.

**15. Access to Practices, Books and Records.** Business Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI on behalf of DHCS available to DHCS upon reasonable request, and to the federal Secretary of Health and Human Services for purposes of determining DHCS' compliance with 45 CFR Part 164, Subpart E.

**16. Return or Destroy PHI on Termination, Survival.** At termination of this Agreement, if feasible, Business Associate shall return or destroy all PHI and other confidential information received from or created or received by Business Associate on behalf of, DHCS that Business Associate still maintains in any form and

retain no copies of such information. If return or destruction is not feasible, Business Associate shall notify DHCS of the conditions that make the return or destruction infeasible, and DHCS and Business Associate shall determine the terms and conditions under which Business Associate may retain the PHI. If such return or destruction is not feasible, Business Associate shall extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

**17. Special Provision for SSA Data.** If Business Associate receives data from or on behalf of DHCS that was verified by or provided by the Social Security Administration (SSA data) and is subject to an agreement between DHCS and SSA, Business Associate shall provide, upon request by DHCS, a list of all employees and agents and employees who have access to such data, including employees and agents of its agents, to DHCS.

**18. Breaches and Security Incidents.** Business Associate shall implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and take the following steps:

**18.1 Notice to DHCS.**

**18.1.1** Business Associate shall notify DHCS **immediately** upon the discovery of a suspected breach or security incident that involves SSA data. This notification will be provided by email upon discovery of the breach. If Business Associate is unable to provide notification by email, then Business Associate shall provide notice by telephone to DHCS.

**18.1.2** Business Associate shall notify DHCS **within 24 hours by email** (or by telephone if Business Associate is unable to email DHCS) of the discovery of the following, unless attributable to a treatment provider that is not acting as a business associate of Business Associate:

**18.1.2.1** Unsecured PHI if the PHI is reasonably believed to have been accessed or acquired by an unauthorized person;

**18.1.2.2** Any suspected security incident which risks unauthorized access to PHI and/or other confidential information;

**18.1.2.3** Any intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement; or

**18.1.2.4** Potential loss of confidential information affecting this Agreement.

**18.1.3** Notice shall be provided to the DHCS Program Contract Manager (as applicable), the DHCS Privacy Office, and the DHCS Information Security Office (collectively, "DHCS Contacts") using the DHCS Contact Information at Section 18.6. below.

Notice shall be made using the current DHCS "Privacy Incident Reporting Form" ("PIR Form"; the initial notice of a security incident or breach that is submitted is referred to as an "Initial PIR Form") and shall include all information known at the time the incident is reported. The form is available online at

<https://www.dhcs.ca.gov/formsandpubs/laws/priv/Documents/Privacy-Incident-Report-PIR.pdf>.

Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of PHI, Business Associate shall take:

**18.1.3.1** Prompt action to mitigate any risks or damages involved with the security incident or breach; and

**18.1.3.2** Any action pertaining to such unauthorized disclosure required by applicable Federal and State law.

**18.2 Investigation.** Business Associate shall immediately investigate such security incident or breach.

**18.3 Complete Report.** To provide a complete report of the investigation to the DHCS contacts within ten (10) working days of the discovery of the security incident or breach. This "Final PIR" must include any applicable additional information not included in the Initial Form. The Final PIR Form shall include an assessment of all known factors relevant to a determination of whether a breach occurred under HIPAA and other applicable federal and state laws. The report shall also include a full, detailed corrective action plan, including its implementation date and information on mitigation measures taken to halt and/or contain the improper use or disclosure. If DHCS requests information in addition to that requested through the PIR form, Business Associate shall make reasonable efforts to provide DHCS with such information. A "Supplemental PIR" may be used to submit revised or additional information after the Final PIR is submitted. DHCS will review and approve or disapprove Business Associate's determination of whether a breach occurred, whether the security incident or breach is reportable to the appropriate entities, if individual notifications are required, and Business Associate's corrective action plan.

**18.3.1** If Business Associate does not complete a Final PIR within the ten (10) working day timeframe, Business Associate shall request approval from DHCS within the ten (10) working day timeframe of a new submission timeframe for the Final PIR.

**18.4 Notification of Individuals.** If the cause of a breach is attributable to Business Associate or its agents, other than when attributable to a treatment provider that is not acting as a business associate of Business Associate, Business Associate shall notify individuals accordingly and shall pay all costs of such notifications, as well as all costs associated with the breach. The notifications shall comply with applicable federal and state law. DHCS shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made.

**18.5 Responsibility for Reporting of Breaches to Entities Other than DHCS.** If the cause of a breach of PHI is attributable to Business Associate or its agents, other than when attributable to a treatment provider that is not acting as a business associate of Business Associate, Business Associate is responsible for all required reporting of the breach as required by applicable federal and state law.

**18.6 DHCS Contact Information.** To direct communications to the above referenced DHCS staff, the Contractor shall initiate contact as indicated here. DHCS reserves the right to make changes to the contact information below by giving written notice to Business Associate. These changes shall not require an amendment to this Agreement.

DHCS Program Contract Manager	DHCS Privacy Office	DHCS Information Security Office
See the Scope of Work exhibit for Program Contract Manager information. If this Business Associate Agreement is not attached as an exhibit to a contract, contact the DHCS signatory to this Agreement.	Privacy Office c/o: Office of HIPAA Compliance Department of Health Care Services P.O. Box 997413, MS 4722 Sacramento, CA 95899-7413  Email: <a href="mailto:incidents@dhcs.ca.gov">incidents@dhcs.ca.gov</a>  Telephone: (916) 445-4646	Information Security Office DHCS Information Security Office P.O. Box 997413, MS 6400 Sacramento, CA 95899-7413  Email: <a href="mailto:incidents@dhcs.ca.gov">incidents@dhcs.ca.gov</a>

**19. Responsibility of DHCS.** DHCS agrees to not request the Business Associate to use or disclose PHI in any manner that would not be permissible under HIPAA and/or other applicable federal and/or state law.

## **20. Audits, Inspection and Enforcement**

**20.1** From time to time, DHCS may inspect the facilities, systems, books and records of Business Associate to monitor compliance with this Agreement. Business Associate shall promptly remedy any violation of this Agreement and shall certify the same to the DHCS Privacy Officer in writing. Whether or how DHCS exercises this provision shall not in any respect relieve Business Associate of its responsibility to comply with this Agreement.

**20.2** If Business Associate is the subject of an audit, compliance review, investigation or any proceeding that is related to the performance of its obligations pursuant to this Agreement or is the subject of any judicial or administrative proceeding alleging a violation of HIPAA, Business Associate shall promptly notify DHCS unless it is legally prohibited from doing so.

## **21. Termination**

**21.1 Termination for Cause.** Upon DHCS' knowledge of a violation of this Agreement by Business Associate, DHCS may in its discretion:

**21.1.1** Provide an opportunity for Business Associate to cure the violation and terminate this Agreement if Business Associate does not do so within the time specified by DHCS; or

**21.1.2** Terminate this Agreement if Business Associate has violated a material term of this Agreement.

**21.2 Judicial or Administrative Proceedings.** DHCS may terminate this Agreement if Business Associate is found to have violated HIPAA, or stipulates or consents to any such conclusion, in any judicial or administrative proceeding.

## **22. Miscellaneous Provisions**

**22.1 Disclaimer.** DHCS makes no warranty or representation that compliance by Business Associate with this Agreement will satisfy Business Associate's business needs or compliance obligations. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI and other confidential information.

### **22.2. Amendment.**

**22.2.1** Any provision of this Agreement which is in conflict with current or future applicable Federal or State laws is hereby amended to conform to the provisions of those laws. Such amendment of this Agreement shall be effective on the effective date of the laws necessitating it, and shall be binding on the parties even though such amendment may not have been reduced to writing and formally agreed upon and executed by the parties.

**22.2.2** Failure by Business Associate to take necessary actions required by amendments to this Agreement under Section 22.2.1 shall constitute a material violation of this Agreement.

**22.3 Assistance in Litigation or Administrative Proceedings.** Business Associate shall make itself and its employees and agents available to DHCS at no cost to DHCS to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against DHCS, its directors, officers and/or employees based upon claimed violation of HIPAA, which involve inactions or actions by the Business Associate.

**22.4 No Third-Party Beneficiaries.** Nothing in this Agreement is intended to or shall confer, upon any third person any rights or remedies whatsoever.



- 22.5 Interpretation.** The terms and conditions in this Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA and other applicable laws.
- 22.6 No Waiver of Obligations.** No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

**ATTACHMENT “7”**

### **Special Terms and Conditions**

*(For federally funded service contracts or agreements and grant agreements)*

The use of headings or titles throughout this exhibit is for convenience only and shall not be used to interpret or to govern the meaning of any specific term or condition.

The terms "contract", "Contractor" and "Subcontractor" shall also mean, "agreement", "grant", "grant agreement", "Grantee" and "Subgrantee" respectively.

The terms "California Department of Health Care Services", "California Department of Health Services", "Department of Health Care Services", "Department of Health Services", "CDHCS", "DHCS", "CDHS", and "DHS" shall all have the same meaning and refer to the California State agency that is a party to this Agreement.

This exhibit contains provisions that require strict adherence to various contracting laws and policies. Some provisions herein are conditional and only apply if specified conditions exist (i.e., agreement total exceeds a certain amount; agreement is federally funded, etc.). The provisions herein apply to this Agreement unless the provisions are removed by reference on the face of this Agreement, the provisions are superseded by an alternate provision appearing elsewhere in this Agreement, or the applicable conditions do not exist.

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## **1. Federal Equal Opportunity Requirements**

(Applicable to all federally funded agreements entered into by the Department of Health Care Services)

- a. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Contractor will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or DHCS, setting forth the provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212). Such notices shall state the Contractor's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.
- b. The Contractor will, in all solicitations or advancements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.
- c. The Contractor will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or workers' representative of the Contractor's commitments under the provisions herein and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- d. The Contractor will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor.

- e. The Contractor will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- f. In the event of the Contractor's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and the Contractor may be declared ineligible for further federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- g. The Contractor will include the provisions of Paragraphs a through g in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or DHCS may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Contractor becomes involved in, or is threatened with litigation by a subcontractor or vendor as a result of such direction by DHCS, the Contractor may request in writing to DHCS, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.

## **2. Travel and Per Diem Reimbursement**

(Applicable if travel and/or per diem expenses are reimbursed with agreement funds.)

Reimbursement for travel and per diem expenses from DHCS under this Agreement shall, unless otherwise specified in this Agreement, be at the rates currently in effect,

as established by the California Department of Human Resources (CalHR), for nonrepresented state employees as stipulated in DHCS' Travel Reimbursement Information Exhibit. If the CalHR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. Exceptions to CalHR rates may be approved by DHCS upon the submission of a statement by the Contractor indicating that such rates are not available to the Contractor. No travel outside the State of California shall be reimbursed without prior authorization from DHCS. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

### 3. Procurement Rules

(Applicable to agreements in which equipment/property, commodities and/or supplies are furnished by DHCS or expenses for said items are reimbursed by DHCS with state or federal funds provided under the Agreement.)

#### a. Equipment/Property definitions

Wherever the term equipment and/or property is used, the following definitions shall apply:

(1) **Major equipment/property:** A tangible or intangible item having a base unit cost of **\$5,000 or more** with a life expectancy of one (1) year or more and is either furnished by DHCS or the cost is reimbursed through this Agreement. Software and videos are examples of intangible items that meet this definition.

(2) **Minor equipment/property:** A tangible item having a base unit cost of less than \$5,000 with a life expectancy of one (1) year or more and is either furnished by DHCS or the cost is reimbursed through this Agreement.

**b. Government and public entities (including state colleges/universities and auxiliary organizations),** whether acting as a contractor and/or subcontractor, may secure all commodities, supplies, equipment and services related to such purchases that are required in performance of this Agreement. Said procurements are subject to Paragraphs d through h of Provision 3. Paragraph c of Provision 3 shall also apply, if equipment/property purchases are delegated to subcontractors that are nonprofit organizations or commercial businesses.

**c. Nonprofit organizations and commercial businesses,** whether acting as a contractor and/or subcontractor, may secure commodities, supplies, equipment/property and services related to such purchases for performance under this Agreement.

(1) Equipment/property purchases shall not exceed \$50,000 annually.

To secure equipment/property above the annual maximum limit of \$50,000, the Contractor shall make arrangements through the appropriate DHCS Program Contract Manager, to have all remaining equipment/property purchased through DHCS' Purchasing Unit. The cost of equipment/property

purchased by or through DHCS shall be deducted from the funds available in this Agreement. Contractor shall submit to the DHCS Program Contract Manager a list of equipment/property specifications for those items that the State must procure. DHCS may pay the vendor directly for such arranged equipment/property purchases and title to the equipment/property will remain with DHCS. The equipment/property will be delivered to the Contractor's address, as stated on the face of the Agreement, unless the Contractor notifies the DHCS Program Contract Manager, in writing, of an alternate delivery address.

- (2) All equipment/property purchases are subject to Paragraphs d through h of Provision 3. Paragraph b of Provision 3 shall also apply, if equipment/property purchases are delegated to subcontractors that are either a government or public entity.
- (3) Nonprofit organizations and commercial businesses shall use a procurement system that meets the following standards:
  - (a) Maintain a code or standard of conduct that shall govern the performance of its officers, employees, or agents engaged in awarding procurement contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a procurement, or bid contract in which, to his or her knowledge, he or she has a financial interest.
  - (b) Procurements shall be conducted in a manner that provides, to the maximum extent practical, open, and free competition.
  - (c) Procurements shall be conducted in a manner that provides for all of the following:
    - [1] Avoid purchasing unnecessary or duplicate items.
    - [2] Equipment/property solicitations shall be based upon a clear and accurate description of the technical requirements of the goods to be procured.
    - [3] Take positive steps to utilize small and veteran owned businesses.
- d. Unless waived or otherwise stipulated in writing by DHCS, prior written authorization from the appropriate DHCS Program Contract Manager will be required before the Contractor will be reimbursed for any purchase of \$5,000 or more for commodities, supplies, equipment/property, and services related to such purchases. The Contractor must provide in its request for authorization all particulars necessary, as specified by DHCS, for evaluating the necessity or desirability of incurring such costs. The term "purchase" excludes the purchase of services from a subcontractor and public utility services at rates established for uniform applicability to the general public.
- e. In special circumstances, determined by DHCS (e.g., when DHCS has a need to monitor certain purchases, etc.), DHCS may require prior written authorization and/or the submission of paid vendor receipts for any purchase, regardless of



dollar amount. DHCS reserves the right to either deny claims for reimbursement or to request repayment for any Contractor and/or subcontractor purchase that DHCS determines to be unnecessary in carrying out performance under this Agreement.

- f. The Contractor and/or subcontractor must maintain a copy or narrative description of the procurement system, guidelines, rules, or regulations that will be used to make purchases under this Agreement. The State reserves the right to request a copy of these documents and to inspect the purchasing practices of the Contractor and/or subcontractor at any time.
- g. For all purchases, the Contractor and/or subcontractor must maintain copies of all paid vendor invoices, documents, bids and other information used in vendor selection, for inspection or audit. Justifications supporting the absence of bidding (i.e., sole source purchases) shall also be maintained on file by the Contractor and/or subcontractor for inspection or audit.
- h. DHCS may, with cause (e.g., with reasonable suspicion of unnecessary purchases or use of inappropriate purchase practices, etc.), withhold, cancel, modify, or retract the delegated purchase authority granted under Paragraphs b and/or c of Provision 3 by giving the Contractor no less than 30 calendar days written notice.

#### **4. Equipment/Property Ownership / Inventory / Disposition**

(Applicable to agreements in which equipment/property is furnished by DHCS and/or when said items are purchased or reimbursed by DHCS with state or federal funds provided under the Agreement.)

- a. Wherever the term equipment and/or property is used in Provision 4, the definitions in Paragraph a of Provision 3 shall apply.

Unless otherwise stipulated in this Agreement, all equipment and/or property that is purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement shall be considered state equipment and the property of DHCS.

##### **(1) Reporting of Equipment/Property Receipt**

DHCS requires the reporting, tagging and annual inventorying of all equipment and/or property that is furnished by DHCS or purchased/reimbursed with funds provided through this Agreement.

Upon receipt of equipment and/or property, the Contractor shall report the receipt to the DHCS Program Contract Manager. To report the receipt of said items and to receive property tags, Contractor shall use a form or format designated by DHCS' Asset Management Unit. If the appropriate form (i.e., Contractor Equipment Purchased with DHCS Funds) does not accompany this Agreement, Contractor shall request a copy from the DHCS Program Contract Manager.

**(2) Annual Equipment/Property Inventory**

If the Contractor enters into an agreement with a term of more than twelve months, the Contractor shall submit an annual inventory of state equipment and/or property to the DHCS Program Contract Manager using a form or format designated by DHCS' Asset Management Unit. If an inventory report form (i.e., Inventory/Disposition of DHCS-Funded Equipment) does not accompany this Agreement, Contractor shall request a copy from the DHCS Program Contract Manager. Contractor shall:

- (a) Include in the inventory report, equipment and/or property in the Contractor's possession and/or in the possession of a subcontractor (including independent consultants).
  - (b) Submit the inventory report to DHCS according to the instructions appearing on the inventory form or issued by the DHCS Program Contract Manager.
  - (c) Contact the DHCS Program Contract Manager to learn how to remove, trade-in, sell, transfer or survey off, from the inventory report, expired equipment and/or property that is no longer wanted, usable or has passed its life expectancy. Instructions will be supplied by either the DHCS Program Contract Manager or DHCS' Asset Management Unit.
- b. Title to state equipment and/or property shall not be affected by its incorporation or attachment to any property not owned by the State.
- c. Unless otherwise stipulated, DHCS shall be under no obligation to pay the cost of restoration, or rehabilitation of the Contractor's and/or Subcontractor's facility which may be affected by the removal of any state equipment and/or property.
- d. The Contractor and/or Subcontractor shall maintain and administer a sound business program for ensuring the proper use, maintenance, repair, protection, insurance and preservation of state equipment and/or property.
- (1) In administering this provision, DHCS may require the Contractor and/or Subcontractor to repair or replace, to DHCS' satisfaction, any damaged, lost or stolen state equipment and/or property. In the event of state equipment and/or miscellaneous property theft, Contractor and/or Subcontractor shall immediately file a theft report with the appropriate police agency or the California Highway Patrol and Contractor shall promptly submit one copy of the theft report to the DHCS Program Contract Manager.
- e. Unless otherwise stipulated by the Program funding this Agreement, equipment and/or property purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, shall only be used for performance of this Agreement or another DHCS agreement.
- f. Within sixty (60) calendar days prior to the termination or end of this Agreement, the Contractor shall provide a final inventory report of equipment and/or property to the DHCS Program Contract Manager and shall, at that time, query DHCS as

to the requirements, including the manner and method, of returning state equipment and/or property to DHCS. Final disposition of equipment and/or property shall be at DHCS expense and according to DHCS instructions. Equipment and/or property disposition instructions shall be issued by DHCS immediately after receipt of the final inventory report. At the termination or conclusion of this Agreement, DHCS may at its discretion, authorize the continued use of state equipment and/or property for performance of work under a different DHCS agreement.

**g. Motor Vehicles**

(Applicable only if motor vehicles are purchased/reimbursed with agreement funds or furnished by DHCS under this Agreement.)

- (1) If motor vehicles are purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, within thirty (30) calendar days prior to the termination or end of this Agreement, the Contractor and/or Subcontractor shall return such vehicles to DHCS and shall deliver all necessary documents of title or registration to enable the proper transfer of a marketable title to DHCS.
- (2) If motor vehicles are purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, the State of California shall be the legal owner of said motor vehicles and the Contractor shall be the registered owner. The Contractor and/or a subcontractor may only use said vehicles for performance and under the terms of this Agreement.
- (3) The Contractor and/or Subcontractor agree that all operators of motor vehicles, purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, shall hold a valid State of California driver's license. In the event that ten or more passengers are to be transported in any one vehicle, the operator shall also hold a State of California Class B driver's license.
- (4) If any motor vehicle is purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, the Contractor and/or Subcontractor, as applicable, shall provide, maintain, and certify that, at a minimum, the following type and amount of automobile liability insurance is in effect during the term of this Agreement or any extension period during which any vehicle remains in the Contractor's and/or Subcontractor's possession:

**Automobile Liability Insurance**

- (a) The Contractor, by signing this Agreement, hereby certifies that it possesses or will obtain automobile liability insurance in the amount of \$1,000,000 per occurrence for bodily injury and property damage combined. Said insurance must be obtained and made effective upon the delivery date of any motor vehicle, purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, to the Contractor and/or Subcontractor.

- (b) The Contractor and/or Subcontractor shall, as soon as practical, furnish a copy of the certificate of insurance to the DHCS Program Contract Manager. The certificate of insurance shall identify the DHCS contract or agreement number for which the insurance applies.
- (c) The Contractor and/or Subcontractor agree that bodily injury and property damage liability insurance, as required herein, shall remain in effect at all times during the term of this Agreement or until such time as the motor vehicle is returned to DHCS.
- (d) The Contractor and/or Subcontractor agree to provide, at least thirty (30) days prior to the expiration date of said insurance coverage, a copy of a new certificate of insurance evidencing continued coverage, as indicated herein, for not less than the remainder of the term of this Agreement, the term of any extension or continuation thereof, or for a period of not less than one (1) year.
- (e) The Contractor and/or Subcontractor, if not a self-insured government and/or public entity, must provide evidence, that any required certificates of insurance contain the following provisions:
  - [1] The insurer will not cancel the insured's coverage without giving thirty (30) calendar days prior written notice to the State (California Department of Health Care Services).
  - [2] The State of California, its officers, agents, employees, and servants are included as additional insureds, but only with respect to work performed for the State under this Agreement and any extension or continuation of this Agreement.
  - [3] The insurance carrier shall notify the California Department of Health Care Services (DHCS), in writing, of the Contractor's failure to pay premiums; its cancellation of such policies; or any other substantial change, including, but not limited to, the status, coverage, or scope of the required insurance. Such notices shall contain a reference to each agreement number for which the insurance was obtained.
- (f) The Contractor and/or Subcontractor is hereby advised that copies of certificates of insurance may be subject to review and approval by the Department of General Services (DGS), Office of Risk and Insurance Management. The Contractor shall be notified by DHCS, in writing, if this provision is applicable to this Agreement. If DGS approval of the certificate of insurance is required, the Contractor agrees that no work or services shall be performed prior to obtaining said approval.
- (g) In the event the Contractor and/or Subcontractor fails to keep insurance coverage, as required herein, in effect at all times during vehicle possession, DHCS may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

## 5. Subcontract Requirements

(Applicable to agreements under which services are to be performed by subcontractors including independent consultants.)

- a. Prior written authorization will be required before the Contractor enters into or is reimbursed for any subcontract for services costing \$5,000 or more. Except as indicated in Paragraph a(3) herein, when securing subcontracts for services exceeding \$5,000, the Contractor shall obtain at least three bids or justify a sole source award.
  - (1) The Contractor must provide in its request for authorization, all information necessary for evaluating the necessity or desirability of incurring such cost.
  - (2) DHCS may identify the information needed to fulfill this requirement.
  - (3) Subcontracts performed by the following entities or for the service types listed below are exempt from the bidding and sole source justification requirements:
    - (a) A local governmental entity or the federal government,
    - (b) A State college or State university from any State,
    - (c) A Joint Powers Authority,
    - (d) An auxiliary organization of a California State University or a California community college,
    - (e) A foundation organized to support the Board of Governors of the California Community Colleges,
    - (f) An auxiliary organization of the Student Aid Commission established under Education Code § 69522,
    - (g) Firms or individuals proposed for use and approved by DHCS' funding Program via acceptance of an application or proposal for funding or pre/post contract award negotiations,
    - (h) Entities and/or service types identified as exempt from advertising and competitive bidding in [State Contracting Manual Chapter 5 Section 5.80 Subsection B.2.](#)
- b. DHCS reserves the right to approve or disapprove the selection of subcontractors and with advance written notice, require the substitution of subcontractors and require the Contractor to terminate subcontracts entered into in support of this Agreement.
  - (1) Upon receipt of a written notice from DHCS requiring the substitution and/or termination of a subcontract, the Contractor shall take steps to ensure the completion of any work in progress and select a replacement, if applicable, within 30 calendar days, unless a longer period is agreed to by DHCS.

- c. Actual subcontracts (i.e., written agreement between the Contractor and a subcontractor) of \$5,000 or more are subject to the prior review and written approval of DHCS. DHCS may, at its discretion, elect to waive this right. All such waivers shall be confirmed in writing by DHCS.
- d. Contractor shall maintain a copy of each subcontract entered into in support of this Agreement and shall, upon request by DHCS, make copies available for approval, inspection, or audit.
- e. DHCS assumes no responsibility for the payment of subcontractors used in the performance of this Agreement. Contractor accepts sole responsibility for the payment of subcontractors used in the performance of this Agreement.
- f. The Contractor is responsible for all performance requirements under this Agreement even though performance may be carried out through a subcontract.
- g. The Contractor shall ensure that all subcontracts for services include provision(s) requiring compliance with applicable terms and conditions specified in this Agreement.
- h. The Contractor agrees to include the following clause, relevant to record retention, in all subcontracts for services:  
  
"(Subcontractor Name) agrees to maintain and preserve, until three years after termination of (Agreement Number) and final payment from DHCS to the Contractor, to permit DHCS or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers and records related to this subcontract and to allow interviews of any employees who might reasonably have information related to such records."
- i. Unless otherwise stipulated in writing by DHCS, the Contractor shall be the subcontractor's sole point of contact for all matters related to performance and payment under this Agreement.
- j. Contractor shall, as applicable, advise all subcontractors of their obligations pursuant to the following numbered provisions of this Exhibit: 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 17, 19, 20, 24, 32 and/or other numbered provisions herein that are deemed applicable.

## **6. Income Restrictions**

Unless otherwise stipulated in this Agreement, the Contractor agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Contractor under this Agreement shall be paid by the Contractor to DHCS, to the extent that they are properly allocable to costs for which the Contractor has been reimbursed by DHCS under this Agreement.

## 7. Audit and Record Retention

(Applicable to agreements in excess of \$10,000.)

- a. The Contractor and/or Subcontractor shall maintain books, records, documents, and other evidence, accounting procedures and practices, sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this Agreement, including any matching costs and expenses. The foregoing constitutes "records" for the purpose of this provision.
- b. The Contractor's and/or subcontractor's facility or office or such part thereof as may be engaged in the performance of this Agreement and his/her records shall be subject at all reasonable times to inspection, audit, and reproduction.
- c. Contractor agrees that DHCS, the Department of General Services, the Bureau of State Audits, or their designated representatives including the Comptroller General of the United States shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, the Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (GC 8546.7, CCR Title 2, Section 1896.77)
- d. The Contractor and/or Subcontractor shall preserve and make available his/her records (1) for a period of three years from the date of final payment under this Agreement, and (2) for such longer period, if any, as is required by applicable statute, by any other provision of this Agreement, or by subparagraphs (1) or (2) below.
  - (1) If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement.
  - (2) If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three-year period, whichever is later.
- e. The Contractor and/or Subcontractor may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books and records related to this Agreement to microfilm, computer disk, CD ROM, DVD, or other data storage medium. Upon request by an authorized representative to inspect, audit or obtain copies of said records, the Contractor and/or Subcontractor must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records. Applicable devices may include, but are not limited to, microfilm readers and microfilm printers, etc.

- f. The Contractor shall, if applicable, comply with the Single Audit Act and the audit requirements set forth in 2 C.F.R. § 200.501 (2014).

## **8. Site Inspection**

The State, through any authorized representatives, has the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract supported activities and the premises in which it is being performed. If any inspection or evaluation is made of the premises of the Contractor or Subcontractor, the Contractor shall provide and shall require Subcontractors to provide all reasonable facilities and assistance for the safety and convenience of the authorized representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work.

## **9. Federal Contract Funds**

(Applicable only to that portion of an agreement funded in part or whole with federal funds.)

- a. It is mutually understood between the parties that this Agreement may have been written before ascertaining the availability of congressional appropriation of funds, for the mutual benefit of both parties, in order to avoid program and fiscal delays which would occur if the Agreement were executed after that determination was made.
- b. This agreement is valid and enforceable only if sufficient funds are made available to the State by the United States Government for the fiscal years covered by the term of this Agreement. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this Agreement in any manner.
- c. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.
- d. DHCS has the option to invalidate or cancel the Agreement with 30-days advance written notice or to amend the Agreement to reflect any reduction in funds.

## **10. Termination**

### **a. For Cause**

The State may terminate this Agreement, in whole or in part, and be relieved of any payments should the Contractor fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination, the State may proceed with the work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due the Contractor under this Agreement and the balance, if any, shall be paid to the Contractor upon demand. If this Agreement is terminated, in whole or in part, the



State may require the Contractor to transfer title, or in the case of licensed software, license, and deliver to the State any completed deliverables, partially completed deliverables, and any other materials, related to the terminated portion of the Contract, including but not limited to, computer programs, data files, user and operations manuals, system and program documentation, training programs related to the operation and maintenance of the system, and all information necessary for the reimbursement of any outstanding Medicaid claims. The State shall pay contract price for completed deliverables delivered and accepted and items the State requires the Contractor to transfer as described in this paragraph above.

**b. For Convenience**

The State retains the option to terminate this Agreement, in whole or in part, without cause, at the State's convenience, without penalty, provided that written notice has been delivered to the Contractor at least ninety (90) calendar days prior to such termination date. In the event of termination, in whole or in part, under this paragraph, the State may require the Contractor to transfer title, or in the case of licensed software, license, and deliver to the State any completed deliverables, partially completed deliverables, and any other materials related to the terminated portion of the contract including but not limited to, computer programs, data files, user and operations manuals, system and program documentation, training programs related to the operation and maintenance of the system, and all information necessary for the reimbursement of any outstanding Medicaid claims. The Contractor will be entitled to compensation upon submission of an invoice and proper proof of claim for the services and products satisfactorily rendered, subject to all payment provisions of the Agreement. Payment is limited to expenses necessarily incurred pursuant to this Agreement up to the date of termination.

## **11. Intellectual Property Rights**

**a. Ownership**

- (1) Except where DHCS has agreed in a signed writing to accept a license, DHCS shall be and remain, without additional compensation, the sole owner of any and all rights, title and interest in all Intellectual Property, from the moment of creation, whether or not jointly conceived, that are made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement.
- (2) For the purposes of this Agreement, Intellectual Property means recognized protectable rights and interest such as: patents, (whether or not issued) copyrights, trademarks, service marks, applications for any of the foregoing, inventions, trade secrets, trade dress, logos, insignia, color combinations, slogans, moral rights, right of publicity, author's rights, contract and licensing rights, works, mask works, industrial design rights, rights of priority, know how, design flows, methodologies, devices, business processes, developments, innovations, good will and all other legal rights protecting intangible proprietary information as may exist now and/or here after come

into existence, and all renewals and extensions, regardless of whether those rights arise under the laws of the United States, or any other state, country or jurisdiction.

- (a) For the purposes of the definition of Intellectual Property, “works” means all literary works, writings and printed matter including the medium by which they are recorded or reproduced, photographs, art work, pictorial and graphic representations and works of a similar nature, film, motion pictures, digital images, animation cells, and other audiovisual works including positives and negatives thereof, sound recordings, tapes, educational materials, interactive videos and any other materials or products created, produced, conceptualized and fixed in a tangible medium of expression. It includes preliminary and final products and any materials and information developed for the purposes of producing those final products. Works does not include articles submitted to peer review or reference journals or independent research projects.
- (3) In the performance of this Agreement, Contractor will exercise and utilize certain of its Intellectual Property in existence prior to the effective date of this Agreement. In addition, under this Agreement, Contractor may access and utilize certain of DHCS’ Intellectual Property in existence prior to the effective date of this Agreement. Except as otherwise set forth herein, Contractor shall not use any of DHCS’ Intellectual Property now existing or hereafter existing for any purposes without the prior written permission of DHCS. Except as otherwise set forth herein, neither the Contractor nor DHCS shall give any ownership interest in or rights to its Intellectual Property to the other Party. If during the term of this Agreement, Contractor accesses any third-party Intellectual Property that is licensed to DHCS, Contractor agrees to abide by all license and confidentiality restrictions applicable to DHCS in the third-party’s license agreement.
- (4) Contractor agrees to cooperate with DHCS in establishing or maintaining DHCS’ exclusive rights in the Intellectual Property, and in assuring DHCS’ sole rights against third parties with respect to the Intellectual Property. If the Contractor enters into any agreements or subcontracts with other parties in order to perform this Agreement, Contractor shall require the terms of the Agreement(s) to include all Intellectual Property provisions. Such terms must include, but are not limited to, the subcontractor assigning and agreeing to assign to DHCS all rights, title and interest in Intellectual Property made, conceived, derived from, or reduced to practice by the subcontractor, Contractor or DHCS and which result directly or indirectly from this Agreement or any subcontract.
- (5) Contractor further agrees to assist and cooperate with DHCS in all reasonable respects, and execute all documents and, subject to reasonable availability, give testimony and take all further acts reasonably necessary to acquire, transfer, maintain, and enforce DHCS’ Intellectual Property rights and interests.

**b. Retained Rights / License Rights**

- (1) Except for Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement, Contractor shall retain title to all of its Intellectual Property to the extent such Intellectual Property is in existence prior to the effective date of this Agreement. Contractor hereby grants to DHCS, without additional compensation, a permanent, non-exclusive, royalty free, paid-up, worldwide, irrevocable, perpetual, non-terminable license to use, reproduce, manufacture, sell, offer to sell, import, export, modify, publicly and privately display/perform, distribute, and dispose Contractor's Intellectual Property with the right to sublicense through multiple layers, for any purpose whatsoever, to the extent it is incorporated in the Intellectual Property resulting from this Agreement, unless Contractor assigns all rights, title and interest in the Intellectual Property as set forth herein.
- (2) Nothing in this provision shall restrict, limit, or otherwise prevent Contractor from using any ideas, concepts, know-how, methodology or techniques related to its performance under this Agreement, provided that Contractor's use does not infringe the patent, copyright, trademark rights, license or other Intellectual Property rights of DHCS or third party, or result in a breach or default of any provisions of this Exhibit or result in a breach of any provisions of law relating to confidentiality.

**c. Copyright**

- (1) Contractor agrees that for purposes of copyright law, all works [as defined in Paragraph a, subparagraph (2)(a) of this provision] of authorship made by or on behalf of Contractor in connection with Contractor's performance of this Agreement shall be deemed "works made for hire". Contractor further agrees that the work of each person utilized by Contractor in connection with the performance of this Agreement will be a "work made for hire," whether that person is an employee of Contractor or that person has entered into an agreement with Contractor to perform the work. Contractor shall enter into a written agreement with any such person that: (i) all work performed for Contractor shall be deemed a "work made for hire" under the Copyright Act and (ii) that person shall assign all right, title, and interest to DHCS to any work product made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement.
- (2) All materials, including, but not limited to, visual works or text, reproduced or distributed pursuant to this Agreement that include Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement, shall include DHCS' notice of copyright, which shall read in 3mm or larger typeface: "© [Enter Current Year e.g., 2010, etc.], California Department of Health Care Services. This material may not be reproduced or disseminated without prior written permission from the California Department of Health Care Services." This notice should be placed prominently on the materials and set apart from other

matter on the page where it appears. Audio productions shall contain a similar audio notice of copyright.

**d. Patent Rights**

With respect to inventions made by Contractor in the performance of this Agreement, which did not result from research and development specifically included in the Agreement's scope of work, Contractor hereby grants to DHCS a license as described under Section b of this provision for devices or material incorporating, or made through the use of such inventions. If such inventions result from research and development work specifically included within the Agreement's scope of work, then Contractor agrees to assign to DHCS, without additional compensation, all its right, title and interest in and to such inventions and to assist DHCS in securing United States and foreign patents with respect thereto.

**e. Third-Party Intellectual Property**

Except as provided herein, Contractor agrees that its performance of this Agreement shall not be dependent upon or include any Intellectual Property of Contractor or third party without first: (i) obtaining DHCS' prior written approval; and (ii) granting to or obtaining for DHCS, without additional compensation, a license, as described in Section b of this provision, for any of Contractor's or third-party's Intellectual Property in existence prior to the effective date of this Agreement. If such a license upon the these terms is unattainable, and DHCS determines that the Intellectual Property should be included in or is required for Contractor's performance of this Agreement, Contractor shall obtain a license under terms acceptable to DHCS.

**f. Warranties**

(1) Contractor represents and warrants that:

- (a) It is free to enter into and fully perform this Agreement.
- (b) It has secured and will secure all rights and licenses necessary for its performance of this Agreement.
- (c) Neither Contractor's performance of this Agreement, nor the exercise by either Party of the rights granted in this Agreement, nor any use, reproduction, manufacture, sale, offer to sell, import, export, modification, public and private display/performance, distribution, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement will infringe upon or violate any Intellectual Property right, non-disclosure obligation, or other proprietary right or interest of any third-party or entity now existing under the laws of, or hereafter existing or issued by, any state, the United States, or any foreign country. There is currently no actual or threatened claim by any such third party based on an alleged violation of any such right by Contractor.

- (d) Neither Contractor's performance nor any part of its performance will violate the right of privacy of, or constitute a libel or slander against any person or entity.
  - (e) It has secured and will secure all rights and licenses necessary for Intellectual Property including, but not limited to, consents, waivers or releases from all authors of music or performances used, and talent (radio, television and motion picture talent), owners of any interest in and to real estate, sites, locations, property or props that may be used or shown.
  - (f) It has not granted and shall not grant to any person or entity any right that would or might derogate, encumber, or interfere with any of the rights granted to DHCS in this Agreement.
  - (g) It has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.
  - (h) It has no knowledge of any outstanding claims, licenses or other charges, liens, or encumbrances of any kind or nature whatsoever that could affect in any way Contractor's performance of this Agreement.
- (2) DHCS makes no warranty that the intellectual property resulting from this agreement does not infringe upon any patent, trademark, copyright or the like, now existing or subsequently issued.

**g. Intellectual Property Indemnity**

- (1) Contractor shall indemnify, defend and hold harmless DHCS and its licensees and assignees, and its officers, directors, employees, agents, representatives, successors, and users of its products, ("Indemnitees") from and against all claims, actions, damages, losses, liabilities (or actions or proceedings with respect to any thereof), whether or not rightful, arising from any and all actions or claims by any third party or expenses related thereto (including, but not limited to, all legal expenses, court costs, and attorney's fees incurred in investigating, preparing, serving as a witness in, or defending against, any such claim, action, or proceeding, commenced or threatened) to which any of the Indemnitees may be subject, whether or not Contractor is a party to any pending or threatened litigation, which arise out of or are related to (i) the incorrectness or breach of any of the representations, warranties, covenants or agreements of Contractor pertaining to Intellectual Property; or (ii) any Intellectual Property infringement, or any other type of actual or alleged infringement claim, arising out of DHCS' use, reproduction, manufacture, sale, offer to sell, distribution, import, export, modification, public and private performance/display, license, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement. This indemnity obligation shall apply irrespective of whether the infringement claim is based

on a patent, trademark or copyright registration that issued after the effective date of this Agreement. DHCS reserves the right to participate in and/or control, at Contractor's expense, any such infringement action brought against DHCS.

- (2) Should any Intellectual Property licensed by the Contractor to DHCS under this Agreement become the subject of an Intellectual Property infringement claim, Contractor will exercise its authority reasonably and in good faith to preserve DHCS' right to use the licensed Intellectual Property in accordance with this Agreement at no expense to DHCS. DHCS shall have the right to monitor and appear through its own counsel (at Contractor's expense) in any such claim or action. In the defense or settlement of the claim, Contractor may obtain the right for DHCS to continue using the licensed Intellectual Property; or, replace or modify the licensed Intellectual Property so that the replaced or modified Intellectual Property becomes non-infringing provided that such replacement or modification is functionally equivalent to the original licensed Intellectual Property. If such remedies are not reasonably available, DHCS shall be entitled to a refund of all monies paid under this Agreement, without restriction or limitation of any other rights and remedies available at law or in equity.
- (3) Contractor agrees that damages alone would be inadequate to compensate DHCS for breach of any term of this Intellectual Property Exhibit by Contractor. Contractor acknowledges DHCS would suffer irreparable harm in the event of such breach and agrees DHCS shall be entitled to obtain equitable relief, including without limitation an injunction, from a court of competent jurisdiction, without restriction or limitation of any other rights and remedies available at law or in equity.

**h. Federal Funding**

In any agreement funded in whole or in part by the federal government, DHCS may acquire and maintain the Intellectual Property rights, title, and ownership, which results directly or indirectly from the Agreement; except as provided in 37 Code of Federal Regulations part 401.14; however, the federal government shall have a non-exclusive, nontransferable, irrevocable, paid-up license throughout the world to use, duplicate, or dispose of such Intellectual Property throughout the world in any manner for governmental purposes and to have and permit others to do so.

**i. Survival**

The provisions set forth herein shall survive any termination or expiration of this Agreement or any project schedule.

## **12. Air or Water Pollution Requirements**

Any federally funded agreement and/or subcontract in excess of \$100,000 must comply with the following provisions unless said agreement is exempt by law.

- a. Government contractors agree to comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act (42 USC 7606) section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations.
- b. Institutions of higher education, hospitals, nonprofit organizations and commercial businesses agree to comply with all applicable standards, orders, or requirements issued under the Clean Air Act (42 U.S.C. 7401 et seq.), as amended, and the Clean Water Act (33 U.S.C. 1251 et seq.), as amended.

## **13. Prior Approval of Training Seminars, Workshops or Conferences**

Contractor shall obtain prior DHCS approval of the location, costs, dates, agenda, instructors, instructional materials, and attendees at any reimbursable training seminar, workshop, or conference conducted pursuant to this Agreement and of any reimbursable publicity or educational materials to be made available for distribution. The Contractor shall acknowledge the support of the State whenever publicizing the work under this Agreement in any media. This provision does not apply to necessary staff meetings or training sessions held for the staff of the Contractor or Subcontractor to conduct routine business matters.

## **14. Confidentiality of Information**

- a. The Contractor and its employees, agents, or subcontractors shall protect from unauthorized disclosure names and other identifying information concerning persons either receiving services pursuant to this Agreement or persons whose names or identifying information become available or are disclosed to the Contractor, its employees, agents, or subcontractors as a result of services performed under this Agreement, except for statistical information not identifying any such person.
- b. The Contractor and its employees, agents, or subcontractors shall not use such identifying information for any purpose other than carrying out the Contractor's obligations under this Agreement.
- c. The Contractor and its employees, agents, or subcontractors shall promptly transmit to the DHCS Program Contract Manager all requests for disclosure of such identifying information not emanating from the client or person.
- d. The Contractor shall not disclose, except as otherwise specifically permitted by this Agreement or authorized by the client, any such identifying information to anyone other than DHCS without prior written authorization from the DHCS Program Contract Manager, except if disclosure is required by State or Federal law.

- e. For purposes of this provision, identity shall include, but not be limited to name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.
- f. As deemed applicable by DHCS, this provision may be supplemented by additional terms and conditions covering personal health information (PHI) or personal, sensitive, and/or confidential information (PSCI). Said terms and conditions will be outlined in one or more exhibits that will either be attached to this Agreement or incorporated into this Agreement by reference.

## **15. Documents, Publications and Written Reports**

(Applicable to agreements over \$5,000 under which publications, written reports and documents are developed or produced. Government Code Section 7550.)

Any document, publication or written report (excluding progress reports, financial reports and normal contractual communications) prepared as a requirement of this Agreement shall contain, in a separate section preceding the main body of the document, the number and dollar amounts of all contracts or agreements and subcontracts relating to the preparation of such document or report, if the total cost for work by nonemployees of the State exceeds \$5,000.

## **16. Dispute Resolution Process**

- a. A Contractor grievance exists whenever there is a dispute arising from DHCS' action in the administration of an agreement. If there is a dispute or grievance between the Contractor and DHCS, the Contractor must seek resolution using the procedure outlined below.
  - (1) The Contractor should first informally discuss the problem with the DHCS Program Contract Manager. If the problem cannot be resolved informally, the Contractor shall direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance shall state the issues in dispute, the legal authority or other basis for the Contractor's position and the remedy sought. The Branch Chief shall render a decision within ten (10) working days after receipt of the written grievance from the Contractor. The Branch Chief shall respond in writing to the Contractor indicating the decision and reasons therefore. If the Contractor disagrees with the Branch Chief's decision, the Contractor may appeal to the second level.
  - (2) When appealing to the second level, the Contractor must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Contractor shall include with the appeal a copy of the Contractor's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal shall be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee shall meet with the Contractor to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her



designee shall be directed to the Contractor within twenty (20) working days of receipt of the Contractor's second level appeal.

- b. If the Contractor wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Contractor shall follow the procedures set forth in Health and Safety Code Section 100171.
- c. Unless otherwise stipulated in writing by DHCS, all dispute, grievance and/or appeal correspondence shall be directed to the DHCS Program Contract Manager.
- d. There are organizational differences within DHCS' funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Contractor shall be notified in writing by the DHCS Program Contract Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.

## 17. Financial and Compliance Audit Requirements

- a. The definitions used in this provision are contained in Section 38040 of the Health and Safety Code, which by this reference is made a part hereof.
- b. Direct service contract means a contract or agreement for services contained in local assistance or subvention programs or both (see Health and Safety [H&S] Code Section 38020). Direct service contracts shall not include contracts, agreements, grants, or subventions to other governmental agencies or units of government nor contracts or agreements with regional centers or area agencies on aging (H&S Code Section 38030).
- c. The Contractor, as indicated below, agrees to obtain one of the following audits:
  - (1) ***If the Contractor is a nonprofit organization (as defined in H&S Code Section 38040) and receives \$25,000 or more from any State agency under a direct service contract or agreement;*** the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit. Said audit shall be conducted according to Generally Accepted Auditing Standards. This audit does not fulfill the audit requirements of Paragraph c(3) below. The audit shall be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, **and/or**
  - (2) ***If the Contractor is a nonprofit organization (as defined in H&S Code Section 38040) and receives less than \$25,000 per year from any State agency under a direct service contract or agreement,*** the Contractor agrees to obtain a biennial single, organization wide financial and compliance audit, unless there is evidence of fraud or other violation of state law in connection with this Agreement. This audit does not fulfill the audit requirements of Paragraph c(3) below. The audit shall be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, **and/or**

- (3) ***If the Contractor is a State or Local Government entity or Nonprofit organization (as defined by 2 C.F.R. §§ 200.64, 200.70, and 200.90) and expends \$750,000 or more in Federal awards***, the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit according to the requirements specified in 2 C.F.R. 200.501 entitled “Audit Requirements”. An audit conducted pursuant to this provision will fulfill the audit requirements outlined in Paragraphs c(1) and c(2) above. The audit shall be completed by the end of the ninth month following the end of the audit period. The requirements of this provision apply if:
- (a) The Contractor is a recipient expending Federal awards received directly from Federal awarding agencies, or
  - (b) The Contractor is a subrecipient expending Federal awards received from a pass-through entity such as the State, County or community based organization.
- (4) If the Contractor submits to DHCS a report of an audit other than a 2 C.F.R. 200.501 audit, the Contractor must also submit a certification indicating the Contractor has not expended \$750,000 or more in federal funds for the year covered by the audit report.
- d. Two copies of the audit report shall be delivered to the DHCS program funding this Agreement. The audit report must identify the Contractor’s legal name and the number assigned to this Agreement. The audit report shall be due within 30 days after the completion of the audit. Upon receipt of said audit report, the DHCS Program Contract Manager shall forward the audit report to DHCS’ Audits and Investigations Unit if the audit report was submitted under Section 16.c(3), unless the audit report is from a City, County, or Special District within the State of California whereby the report will be retained by the funding program.
  - e. The cost of the audits described herein may be included in the funding for this Agreement up to the proportionate amount this Agreement represents of the Contractor's total revenue. The DHCS program funding this Agreement must provide advance written approval of the specific amount allowed for said audit expenses.
  - f. The State or its authorized designee, including the Bureau of State Audits, is responsible for conducting agreement performance audits which are not financial and compliance audits. Performance audits are defined by Generally Accepted Government Auditing Standards.
  - g. Nothing in this Agreement limits the State’s responsibility or authority to enforce State law or regulations, procedures, or reporting requirements arising thereto.
  - h. Nothing in this provision limits the authority of the State to make audits of this Agreement, provided however, that if independent audits arranged for by the Contractor meet Generally Accepted Governmental Auditing Standards, the State shall rely on those audits and any additional audit work and shall build upon the work already done.

- i. The State may, at its option, direct its own auditors to perform either of the audits described above. The Contractor will be given advance written notification, if the State chooses to exercise its option to perform said audits.
- j. The Contractor shall include a clause in any agreement the Contractor enters into with the audit firm doing the single organization wide audit to provide access by the State or Federal Government to the working papers of the independent auditor who prepares the single organization wide audit for the Contractor.
- k. Federal or state auditors shall have "expanded scope auditing" authority to conduct specific program audits during the same period in which a single organization wide audit is being performed, but the audit report has not been issued. The federal or state auditors shall review and have access to the current audit work being conducted and will not apply any testing or review procedures which have not been satisfied by previous audit work that has been completed.

The term "expanded scope auditing" is applied and defined in the U.S. General Accounting Office (GAO) issued Standards for *Audit of Government Organizations, Programs, Activities and Functions*, better known as the "yellow book".

## **18. Human Subjects Use Requirements**

(Applicable only to federally funded agreements/grants in which performance, directly or through a subcontract/subaward, includes any tests or examination of materials derived from the human body.)

By signing this Agreement, Contractor agrees that if any performance under this Agreement or any subcontract or subagreement includes any tests or examination of materials derived from the human body for the purpose of providing information, diagnosis, prevention, treatment or assessment of disease, impairment, or health of a human being, all locations at which such examinations are performed shall meet the requirements of 42 U.S.C. Section 263a (CLIA) and the regulations thereunder.

## **19. Novation Requirements**

If the Contractor proposes any novation agreement, DHCS shall act upon the proposal within 60 days after receipt of the written proposal. DHCS may review and consider the proposal, consult and negotiate with the Contractor, and accept or reject all or part of the proposal. Acceptance or rejection of the proposal may be made orally within the 60-day period and confirmed in writing within five days of said decision. Upon written acceptance of the proposal, DHCS will initiate an amendment to this Agreement to formally implement the approved proposal.

## **20. Debarment and Suspension Certification**

(Applicable to all agreements funded in part or whole with federal funds.)

- a. By signing this Agreement, the Contractor/Grantee agrees to comply with applicable federal suspension and debarment regulations including, but not limited to 2 CFR 180, 2 CFR 376

- b. By signing this Agreement, the Contractor certifies to the best of its knowledge and belief, that it and its principals:
  - (1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
  - (2) Have not within a three-year period preceding this application/proposal/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) violation of Federal or State antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, obstruction of justice, or the commission of any other offense indicating a lack of business integrity or business honesty that seriously affects its business honesty;
  - (3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph b(2) herein; and
  - (4) Have not within a three-year period preceding this application/proposal/agreement had one or more public transactions (Federal, State or local) terminated for cause or default.
  - (5) Have not, within a three-year period preceding this application/proposal/agreement, engaged in any of the violations listed under 2 CFR Part 180, Subpart C as supplemented by 2 CFR Part 376.
  - (6) Shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under federal regulations (i.e., 48 CFR part 9, subpart 9.4), debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.
  - (7) Will include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- c. If the Contractor is unable to certify to any of the statements in this certification, the Contractor shall submit an explanation to the DHCS Program Contract Manager.
- d. The terms and definitions herein have the meanings set out in 2 CFR Part 180 as supplemented by 2 CFR Part 376.
- e. If the Contractor knowingly violates this certification, in addition to other remedies available to the Federal Government, the DHCS may terminate this Agreement for cause or default.

## 21. Smoke-Free Workplace Certification

(Applicable to federally funded agreements/grants and subcontracts/subawards, that provide health, day care, early childhood development services, education or library services to children under 18 directly or through local governments.)

- a. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.
- b. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible party.
- c. By signing this Agreement, Contractor or Grantee certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The prohibitions herein are effective December 26, 1994.
- d. Contractor or Grantee further agrees that it will insert this certification into any subawards (subcontracts or subgrants) entered into that provide for children's services as described in the Act.

## 22. Covenant Against Contingent Fees

(Applicable only to federally funded agreements.)

The Contractor warrants that no person or selling agency has been employed or retained to solicit/secure this Agreement upon an agreement of understanding for a commission, percentage, brokerage, or contingent fee, except *bona fide* employees or *bona fide* established commercial or selling agencies retained by the Contractor for the purpose of securing business. For breach or violation of this warranty, DHCS shall have the right to annul this Agreement without liability or in its discretion to deduct from the Agreement price or consideration, or otherwise recover, the full amount of such commission, percentage, and brokerage or contingent fee.

### **23. Payment Withholds**

(Applicable only if a final report is required by this Agreement. Not applicable to government entities.)

Unless waived or otherwise stipulated in this Agreement, DHCS may, at its discretion, withhold 10 percent (10%) of the face amount of the Agreement, 50 percent (50%) of the final invoice, or \$3,000 whichever is greater, until DHCS receives a final report that meets the terms, conditions and/or scope of work requirements of this Agreement.

### **24. Performance Evaluation**

(Not applicable to grant agreements.)

DHCS may, at its discretion, evaluate the performance of the Contractor at the conclusion of this Agreement. If performance is evaluated, the evaluation shall not be a public record and shall remain on file with DHCS. Negative performance evaluations may be considered by DHCS prior to making future contract awards.

### **25. Officials Not to Benefit**

No members of or delegate of Congress or the State Legislature shall be admitted to any share or part of this Agreement, or to any benefit that may arise therefrom. This provision shall not be construed to extend to this Agreement if made with a corporation for its general benefits.

### **26. Four-Digit Date Compliance**

(Applicable to agreements in which Information Technology (IT) services are provided to DHCS or if IT equipment is procured.)

Contractor warrants that it will provide only Four-Digit Date Compliant (as defined below) Deliverables and/or services to the State. "Four Digit Date compliant" Deliverables and services can accurately process, calculate, compare, and sequence date data, including without limitation date data arising out of or relating to leap years and changes in centuries. This warranty and representation is subject to the warranty terms and conditions of this Contract and does not limit the generality of warranty obligations set forth elsewhere herein.

### **27. Prohibited Use of State Funds for Software**

(Applicable to agreements in which computer software is used in performance of the work.)

Contractor certifies that it has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

## **28. Use of Small, Minority Owned and Women's Businesses**

(Applicable to that portion of an agreement that is federally funded and entered into with institutions of higher education, hospitals, nonprofit organizations or commercial businesses.)

Positive efforts shall be made to use small businesses, minority-owned firms and women's business enterprises, whenever possible (i.e., procurement of goods and/or services). Contractors shall take all of the following steps to further this goal.

- a. Ensure that small businesses, minority-owned firms, and women's business enterprises are used to the fullest extent practicable.
- b. Make information on forthcoming purchasing and contracting opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small businesses, minority-owned firms, and women's business enterprises.
- c. Consider in the contract process whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, and women's business enterprises.
- d. Encourage contracting with consortiums of small businesses, minority-owned firms and women's business enterprises when a contract is too large for one of these firms to handle individually.
- e. Use the services and assistance, as appropriate, of such organizations as the Federal Small Business Administration and the U.S. Department of Commerce's Minority Business Development Agency in the solicitation and utilization of small businesses, minority-owned firms and women's business enterprises.

## **29. Alien Ineligibility Certification**

(Applicable to sole proprietors entering federally funded agreements.)

By signing this Agreement, the Contractor certifies that he/she is not an alien that is ineligible for state and local benefits, as defined in Subtitle B of the Personal Responsibility and Work Opportunity Act. (8 U.S.C. 1601, et seq.)

## **30. Union Organizing**

(Applicable only to grant agreements.)

Grantee, by signing this Agreement, hereby acknowledges the applicability of Government Code Sections 16645 through 16649 to this Agreement. Furthermore, Grantee, by signing this Agreement, hereby certifies that:

- a. No state funds disbursed by this grant will be used to assist, promote or deter union organizing.
- b. Grantee shall account for state funds disbursed for a specific expenditure by this grant, to show those funds were allocated to that expenditure.

- c. Grantee shall, where state funds are not designated as described in b herein, allocate, on a pro-rata basis, all disbursements that support the grant program.
- d. If Grantee makes expenditures to assist, promote or deter union organizing, Grantee will maintain records sufficient to show that no state funds were used for those expenditures, and that Grantee shall provide those records to the Attorney General upon request.

### **31. Contract Uniformity (Fringe Benefit Allowability)**

(Applicable only to nonprofit organizations.)

Pursuant to the provisions of Article 7 (commencing with Section 100525) of Chapter 3 of Part 1 of Division 101 of the Health and Safety Code, DHCS sets forth the following policies, procedures, and guidelines regarding the reimbursement of fringe benefits.

- a. As used herein fringe benefits shall mean an employment benefit given by one's employer to an employee in addition to one's regular or normal wages or salary.
- b. As used herein, fringe benefits do not include:
  - (1) Compensation for personal services paid currently or accrued by the Contractor for services of employees rendered during the term of this Agreement, which is identified as regular or normal salaries and wages, annual leave, vacation, sick leave, holidays, jury duty and/or military leave/training.
  - (2) Director's and executive committee member's fees.
  - (3) Incentive awards and/or bonus incentive pay.
  - (4) Allowances for off-site pay.
  - (5) Location allowances.
  - (6) Hardship pay.
  - (7) Cost-of-living differentials
- c. Specific allowable fringe benefits include:
  - (1) Fringe benefits in the form of employer contributions for the employer's portion of payroll taxes (i.e., FICA, SUI, SDI), employee health plans (i.e., health, dental and vision), unemployment insurance, worker's compensation insurance, and the employer's share of pension/retirement plans, provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.



- d. To be an allowable fringe benefit, the cost must meet the following criteria:
  - (1) Be necessary and reasonable for the performance of the Agreement.
  - (2) Be determined in accordance with generally accepted accounting principles.
  - (3) Be consistent with policies that apply uniformly to all activities of the Contractor.
- e. Contractor agrees that all fringe benefits shall be at actual cost.
- f. Earned/Accrued Compensation
  - (1) Compensation for vacation, sick leave and holidays is limited to that amount earned/accrued within the agreement term. Unused vacation, sick leave and holidays earned from periods prior to the agreement term cannot be claimed as allowable costs. See Provision f (3)(a) for an example.
  - (2) For multiple year agreements, vacation and sick leave compensation, which is earned/accrued but not paid, due to employee(s) not taking time off may be carried over and claimed within the overall term of the multiple years of the Agreement. Holidays cannot be carried over from one agreement year to the next. See Provision f (3)(b) for an example.
  - (3) For single year agreements, vacation, sick leave and holiday compensation that is earned/accrued but not paid, due to employee(s) not taking time off within the term of the Agreement, cannot be claimed as an allowable cost. See Provision f (3)(c) for an example.
    - (a) **Example No. 1:**

If an employee, John Doe, earns/accrues three weeks of vacation and twelve days of sick leave each year, then that is the maximum amount that may be claimed during a one year agreement. If John Doe has five weeks of vacation and eighteen days of sick leave at the beginning of an agreement, the Contractor during a one-year budget period may only claim up to three weeks of vacation and twelve days of sick leave as actually used by the employee. Amounts earned/accrued in periods prior to the beginning of the Agreement are not an allowable cost.
    - (b) **Example No. 2:**

If during a three-year (multiple year) agreement, John Doe does not use his three weeks of vacation in year one, or his three weeks in year two, but he does actually use nine weeks in year three; the Contractor would be allowed to claim all nine weeks paid for in year three. The total compensation over the three-year period cannot exceed 156 weeks (3 x 52 weeks).

**(c) Example No. 3:**

If during a single year agreement, John Doe works fifty weeks and used one week of vacation and one week of sick leave and all fifty-two weeks have been billed to DHCS, the remaining unused two weeks of vacation and seven days of sick leave may not be claimed as an allowable cost.

**32. Suspension or Stop Work Notification**

- a. DHCS may, at any time, issue a notice to suspend performance or stop work under this Agreement. The initial notification may be a verbal or written directive issued by the funding Program's Contract Manager. Upon receipt of said notice, the Contractor is to suspend and/or stop all, or any part, of the work called for by this Agreement.
- b. Written confirmation of the suspension or stop work notification with directions as to what work (if not all) is to be suspended and how to proceed will be provided within 30 working days of the verbal notification. The suspension or stop work notification shall remain in effect until further written notice is received from DHCS. The resumption of work (in whole or part) will be at DHCS' discretion and upon receipt of written confirmation.
  - (1) Upon receipt of a suspension or stop work notification, the Contractor shall immediately comply with its terms and take all reasonable steps to minimize or halt the incurrence of costs allocable to the performance covered by the notification during the period of work suspension or stoppage.
  - (2) Within 90 days of the issuance of a suspension or stop work notification, DHCS shall either:
    - (a) Cancel, extend, or modify the suspension or stop work notification; or
    - (b) Terminate the Agreement as provided for in the Cancellation / Termination clause of the Agreement.
- c. If a suspension or stop work notification issued under this clause is canceled or the period of suspension or any extension thereof is modified or expires, the Contractor may resume work only upon written concurrence of funding Program's Contract Manager.
- d. If the suspension or stop work notification is cancelled and the Agreement resumes, changes to the services, deliverables, performance dates, and/or contract terms resulting from the suspension or stop work notification shall require an amendment to the Agreement.
- e. If a suspension or stop work notification is not canceled and the Agreement is cancelled or terminated pursuant to the provision entitled Cancellation / Termination, DHCS shall allow reasonable costs resulting from the suspension or stop work notification in arriving at the settlement costs.

- f. DHCS shall not be liable to the Contractor for loss of profits because of any suspension or stop work notification issued under this clause.

### **33. Public Communications**

“Electronic and printed documents developed and produced, for public communications shall follow the following requirements to comply with Section 508 of the Rehabilitation Act and the American with Disabilities Act:

- a. Ensure visual-impaired, hearing-impaired and other special needs audiences are provided material information in formats that provide the most assistance in making informed choices.”

### **34. Compliance with Statutes and Regulations**

- a. The Contractor shall comply with all California and federal law, regulations, and published guidelines, to the extent that these authorities contain requirements applicable to Contractor's performance under the Agreement.
- b. These authorities include, but are not limited to, Title 2, Code of Federal Regulations (CFR) Part 200, subpart F, Appendix II; Title 42 CFR Part 431, subpart F; Title 42 CFR Part 433, subpart D; Title 42 CFR Part 434; Title 45 CFR Part 75, subpart D; and Title 45 CFR Part 95, subpart F. To the extent applicable under federal law, this Agreement shall incorporate the contractual provisions in these federal regulations and they shall supersede any conflicting provisions in this Agreement.

### **35. Lobbying Restrictions and Disclosure Certification**

(Applicable to federally funded agreements in excess of \$100,000 per Section 1352 of the 31, U.S.C.)

- a. Certification and Disclosure Requirements
  - (1) Each person (or recipient) who requests or receives a contract or agreement, subcontract, grant, or subgrant, which is subject to Section 1352 of the 31, U.S.C., and which exceeds \$100,000 at any tier, shall file a certification (in the form set forth in Attachment 1, consisting of one page, entitled “Certification Regarding Lobbying”) that the recipient has not made, and will not make, any payment prohibited by Paragraph b of this provision.
  - (2) Each recipient shall file a disclosure (in the form set forth in Attachment 2, entitled “Standard Form-LLL ‘disclosure of Lobbying Activities’”) if such recipient has made or has agreed to make any payment using nonappropriated funds (to include profits from any covered federal action) in connection with a contract, or grant or any extension or amendment of that contract, or grant, which would be prohibited under Paragraph b of this provision if paid for with appropriated funds.

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

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

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

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

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

(5) All disclosure forms (but not certifications) shall be forwarded from tier to tier until received by the person referred to in Paragraph a(1) of this provision. That person shall forward all disclosure forms to DHCS Program Contract Manager.

b. Prohibition

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

**Attachment 1**  
**CERTIFICATION REGARDING LOBBYING**

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

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractors, subgrants, and contracts under grants and cooperative agreements) of \$100,000 or more, and that all subrecipients shall certify and disclose accordingly.

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

Name of Contractor	Printed Name of Person Signing for Contractor
Contract / Grant Number	Signature of Person Signing for Contractor
Date	Title

After execution by or on behalf of Contractor, please return to:

California Department of Health Care Services

DHCS reserves the right to notify the contractor in writing of an alternate submission address.

**Attachment 2**  
**CERTIFICATION REGARDING LOBBYING**

Approved by OMB (0348-0046)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)

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

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

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

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



10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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