

6.1.1	County Contractor Reconciliation Receive Interface	21
6.2	Business Work Flows.....	21
6.2.1	County Contractor Reconciliation Receive Interface	21
7	Interface Technical Details.....	22
7.1	Interface Specifications	22
7.1.1	County Contractor Reconciliation Receive	22
7.2	Error Processing	24
7.2.1	Transmission	24
7.2.2	File Processing	25
7.3	Reports	26
7.3.1	Contractor Payment Auth Report.....	26
7.3.2	Contractor Payment Rejects Report	34

List of Figures

Figure 1 - High-Level Interface Architecture	10
Figure 2 - Typical Inbound Processing Flow	11
Figure 3 - Typical Outbound Processing Flow.....	11
Figure 4 - High Level Network Diagram	12
Figure 5 – County Contractor Reconciliation Receive Interface.....	21

Index of Tables

Table 1 - Roles and Responsibilities RACI Diagram.....	6
Table 2 - Internal DTS Connection Network	15
Table 3 - External DTS Connection County Network	16
Table 4 - Internal DTS Connection Internet Network	16
Table 5 - Partner Connection Network Information.....	17
Table 6 – Pre-Implementation Test Dates	19

1 DOCUMENT CONTROL

1.1 AMENDMENT RECORD

Version	Date	Status	Author	Comment
1.0	03/31/2009	Release	Interface Team	Initial Release
1.1	07/27/2009	Revision	Anne Kiger	Development Version
1.2	10/08/2009	Revision	Anne Kiger	Update to Section 5.3.2 and 7.3

1.2 REFERENCES

Document	Author	Status	Version
Interface Design Description	HP	Active	2.2
IHSS_CMIPSII_Words Terms and Acronym Usage Guide	CMIPS II HP Project Office	Active	1.4
4.1.3 General System Design (GSD)	HP	Active	1.0
4.1.4 Detail System Design (DSD)	HP	Active	1.0

1.3 TERMINOLOGY

Please refer to the IHSS_CMIPSII_Words Terms and Acronym Usage Guide.doc. You can find this document in the CMIPS II project work book.

Term	Definition
BObj	BusinessObjects
BPS	Business Process Server
BSD-API	Berkeley Software Distribution Application Programming Interface
CA	Computer Associates
CASS	Coding Accuracy Support System
CC	County Contract Mode
CDSS	California Department of Social Services
CM	Case Management
COTS	Commercial Off-the-Shelf
DSD	Detailed System Design

Term	Definition
DTS	Department of Technology Services
ETL	Extract, Transform and Load
FTPS	File Transfer Protocols
GSD	General System Design
HTTPS	Hypertext Transfer Protocols
IAA	Inter Agency Agreement
IDD	Interface Design Description
IEEE	Institute of Electrical and Electronic Engineers
IP	Internet Protocol
IPS	Interface Partner Specifications
IT	Information Technology
ITSD	Information Technology Services Division
JMS	Java Message Service
MOP	Month of Payment
MOU	Memorandum of Understanding
NAT	Network Address Translation
PCMB	Project Change Management Board
PII	Personally Identifiable Information
RACI	Responsible, Accountable, Consulted and Informed
SOAP	Simple Object Access Protocol
SSL	Secure Sockets Layer
SyRS	System Requirements Specification
TBD	To Be Determined
TCP/IP	Transmission Control Protocol/Internet Protocol
UDDI	Universal Description, Discovery and Integration
UPN	Universal Product Number
URLS	Uniform Resource Locator
WAN	Wide Area Network
WSDL	Web Services Description Language
XML	Extensible Markup Language

2 OVERVIEW

This work product outlines the general requirements for the indicated interface partner. It includes a description of the roles and responsibilities of the various stakeholders and participants using the interface. It provides a general overview of how external interfaces will work in the CMIPS II Application architecture. It describes the overall business processes and associated work flows between the data exchange partners, and it describes the high level technical details of the interface itself including record and transaction layouts, exchange protocols, and frequencies.

The document should be used to gain an overall understanding of how the indicated interface(s) will work. Additional information about the overall CMIPS II Interface component can be found in the Interface Design Description (IDD) document located in the CMIPS II Project Workbook.

2.1 PARTNER INTERFACES

This work product will detail the following CMIPS II interfaces:

1. CCXR3XXA – County Contractor Reconciliation Receive Interface

3 GENERAL ROLES AND RESPONSIBILITIES

The CMIPS II Project consists of several organizational participants. These organizational participants include the following:

- California Department of Social Services (CDSS)
- CMIPS II Project Office, California Office of Systems Integration (OSI)
- CMIPS II Project Vendor, Hewlett Packard
- External Interface Partners

Each of these organizations plays a critical role in the successful design, development, and implementation of the CMIPS II Application, including the interface architecture and components. The following RACI matrix provides an overview of relevant participant's roles and responsibilities.

Table 1 - Roles and Responsibilities RACI Diagram

Task#	Sub-Task#	Activity	HP	OSI	Interface Partner
100		Planning			
101		Costs/Budget		R	C
	1	Coordinates Interface Partner Cost estimates		R	C
	2	Maintains Project Budget		R	C
	3	Processes Invoices for Payment		R	C
102		Schedule			

Task#	Sub-Task#	Activity	HP	OSI	Interface Partner
	1	Develops & maintains CMIPS II Interface schedules	R	C	C
	2	Develops & maintains Interface Partner schedules for Interfaces	C	C	R
103		CMIPS II - Interface Planning			
	1	Develops CMIPS II Test Plan for Interfaces	R	A	C
	2	Develops Interface Implementation plans for CMIPS II	R	A	C
	3	Develops CMIPS II data readiness & conversion plans for Interfaces	R	A	C
	4	Develops CMIPS II Back up & Recovery Plans for Interface	R	A	C
	5	Develops CMIPS II Disaster Recovery Plans for Interface	R	A	C
104		Interface - CMIPS II Planning			
	1	Develops Interface Partner Test Plan for Interfaces	C	A	R
	2	Develops Interface Implementation plans for Interface Partner	C	A	R
	3	Prepares Interface Partner Infrastructure	C	A	R
	4	Develops Interface Partner data readiness & conversion plans for Interfaces	C	A	R
	5	Develops Interface Partner Back up & Recovery Plans for Interface	C	A	R
	6	Develops Interface Partner Disaster Recovery Plans for Interface	C	A	R
200		Contract Management			
201		Develops and Monitors MOUs and IAAs between agencies	I	R	C
300		Communications			
301		Coordinates Stakeholder Communications	R	R	C
	1	Technical Communications	R	I	C
	2	Project Management Communications	I	R	C
302		Develops Communication Plan between CMIPS II & Interface Partners	C	R	C
303		Maintains List of Contacts	C	R	C
304		Conduct regular status meetings between CMIPS II & IP's = Weekly, bi-weekly, monthly	C	R	C

Task#	Sub-Task#	Activity	HP	OSI	Interface Partner
305		Monthly Interface Partner Status Reports	I	C	R
400		Analysis			
401		Conducts Work Group meetings between Interface Partners and HP	R	R	C
402		Defines CMIPS II Interface architecture	R	A	C
403		Defines Interface Partner Architecture	C	A	R
404		Defines CMIPS II Business, Functional, System Requirements for Interfaces	R	A	C
405		Defines Interface Partner Business, Functional, System Requirements for Interfaces	C	A	R
406		Define CMIPS II connectivity and security standards (includes DTS)	R	A	I
407		Define Interface Partner connectivity and security standards	I	A	R
500		Design			
501		Design CMIPS II overall architecture, including Interface components, connectivity & security	R	A	I
502		Design Interface Partner overall architecture for Interface components , connectivity & security	I	A	R
503		CMIPS II Interface Design Documents (IDD)	R	A	C
504		CMIPS II Interface specification for each interface partner (work product)	R	A	C
505		Partner - Interface Design Document (Specification)	C	A	R
600		Development			
601		CMIPS II - Interface Development			
	1	Develops CMIPS II Interface components	R	A	C
	2	Prepares CMIPS II - Interface Infrastructure	R	A	C
602		Interface Partner - Interface Development			
	1	Develops Interface components - Interface Partner	C	I	R
	2	Prepare Interface Partner Infrastructure	C	I	R
700		Test			
701		CMIPS II Interface Components Testing			
	1	Unit	R	A	n/a

Task#	Sub-Task#	Activity	HP	OSI	Interface Partner
	2	Integration	R	A	R
	3	Functional	R	A	R
	4	Regression (if applicable)	R	A	R
	5	Security	R	A	R
	6	Performance-Stress (if applicable)	R	A	R
702		User Acceptance	R	R	R
703		Disaster Recovery Tests			
	1	Provides Disaster Recovery Instructions for Interfaces	R	A	R
	2	Executes Disaster Recovery tests for Interfaces	R	A	R
704		Interface Partner Components Testing			
	1	System - Unit	n/a	A	R
	2	Integration	R	A	R
	3	Functional	R	A	R
1100		Risks Management			
1101		Identifies, tracks and mitigates Risks between Interface Partner, HP & OSI	R	R	C
1200		Change Management			
1201		Develops CMIPS II Interface Change Management Plan	R	A	C
1202		Identifies, tracks and logs Change Management task between Interface Partner, HP & OSI	C	R	C

The above table contains the following four values for team members:

Responsible – Performs actual work/owns task

Accountable – Approves completed work, accountable for timing and quality

Consulted – Provides information and/or capability to complete work

Informed – Informed of progress and results of work being performed

4 CMIPS II INTERFACE DESIGN OVERVIEW

4.1 OVERVIEW

CMIPS II will exchange data with a variety of State, Federal, and County interface partners. These vary from the Internal Revenue Service (IRS) to the Employment Development Department (EDD) to the In-Home Operations (IHO) unit at the Department of Health Care Services (DHCS). The following sections provide an

overview of the CMIPS II Architecture for data exchanges. They also describe the security requirements for the exchange of data with external partners.

4.1.1 High-Level Interface Architecture

The architecture addresses both the internal and external data exchanges that the CMIPS II Application will perform. The following figure is a high-level depiction of the data exchange architecture.

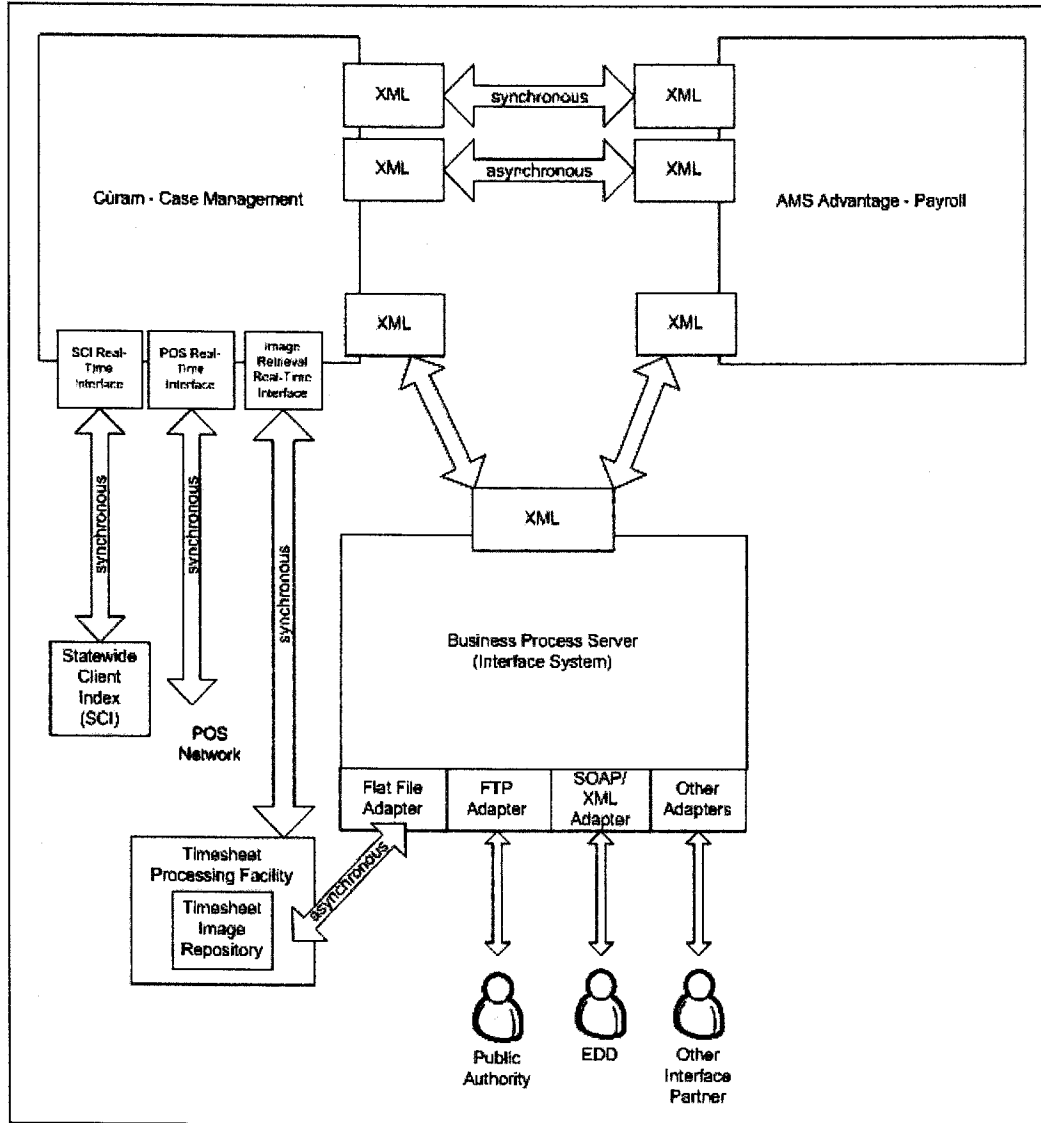


Figure 1 - High-Level Interface Architecture

4.1.2 Interface Process Flow

The following figure illustrates a typical inbound interface process.

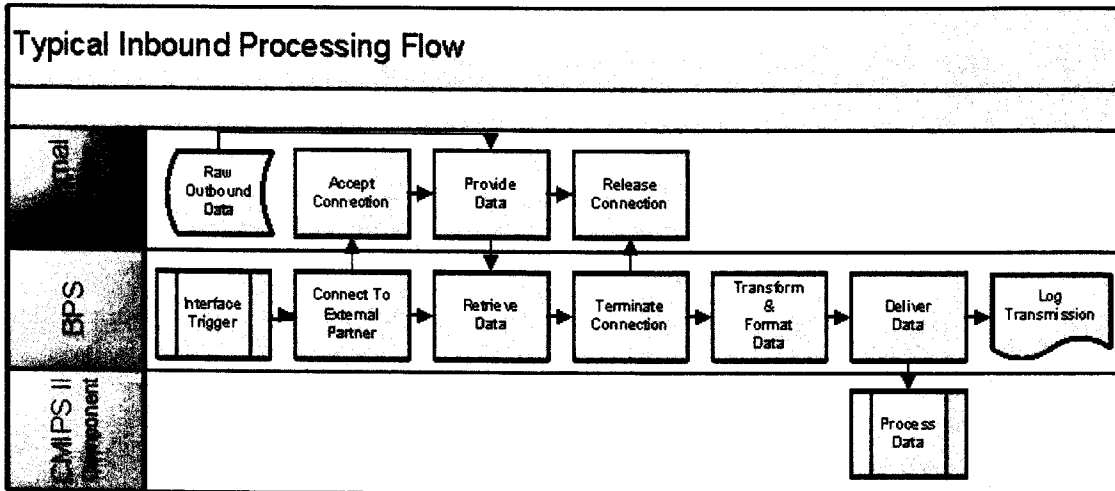


Figure 2 - Typical Inbound Processing Flow

In this example, an interface trigger, either schedule driven or event driven causes the Business Process Server (BPS) to initiate a connection to the external interface partner server. Once the connection is established, BPS retrieves the supplied interface data from the external partner’s server. Once the transmission is done the connection is released. BPS then transforms the data into the format needed by the internal CMIPS II Component and delivers it for processing. BPS also logs any data and information needed to support the operational report.

The following figure illustrates a typical outbound interface process.

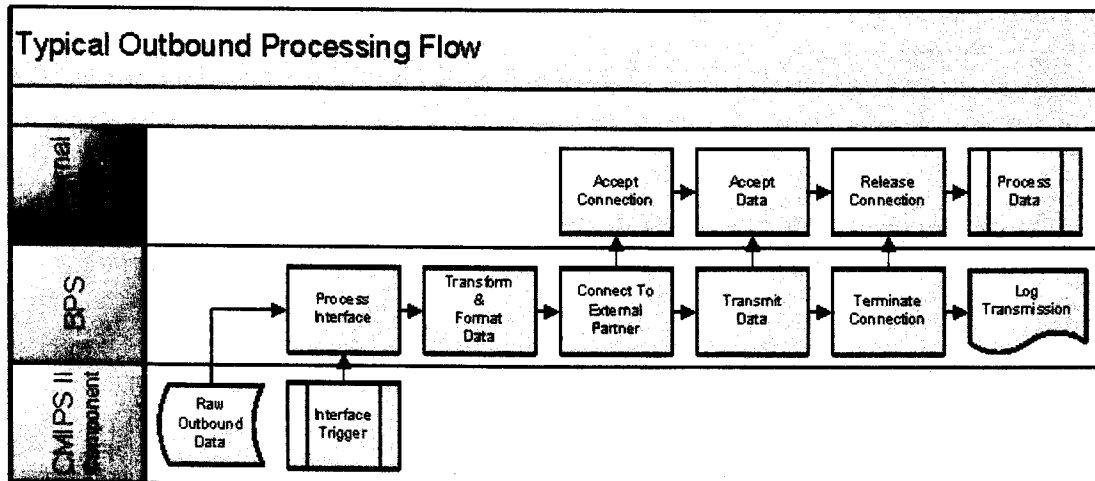


Figure 3 - Typical Outbound Processing Flow

In this example, an interface trigger, either schedule driven or event driven causes the BPS to initiate an outbound interface process. BPS receives data from the appropriate CMIPS II Component and transforms it into the proper external form needed by the external interface partner. BPS then establishes a connection to the external interface partner server. Once the connection is established BPS transmits the interface data to the external partner’s server. Once the transmission is done the connection is released. BPS also logs any data and information needed to support the operational report.

4.2 PREFERRED DATA EXCHANGE PROTOCOLS

The following sections contain the preferred or recommended protocols for CMIPS II data exchanges. These preferred protocols will be used unless there is a clear business need to use another protocol. Any deviations from these preferred protocols should be approved by the HP CMIPS II Application Architects and HP CMIPS II Chief Technologist.

4.2.1 Real-Time Data Exchanges

For real-time data exchanges, there are two preferred data exchange protocols. The following is a list of the preferred data exchange protocols in order of preference:

1. Web Services using HTTPS and Extensible Markup Language/Simple Object Access Protocol (XML/SOAP) where Extensible Markup Language (XML) is used to tag the data and SOAP is used to transfer the data.
2. Point-to-point Internet Protocol (IP)-based internet sockets based on the Berkeley Software Distribution Application Programming Interface (BSD-API) standard.

4.2.2 Batch Data Exchanges

For batch data exchanges, there are four preferred data exchange protocols. The following is a list of the preferred data exchange protocols in order of preference:

1. Web Services using HTTPS and XML/SOAP where XML is used to tag the data and SOAP is used to transfer the data
2. FTP Secure (FTPS) services
3. Direct connection to DTS supplies file server for data deposits/retrievals
4. Data placed on tape or CD-ROM media and delivered via secure courier services

4.3 SYNCHRONOUS ASYNCHRONOUS

The architectural decision regarding synchronous versus asynchronous communications is based on the data that is processed through the transaction. In general, real-time transactions will employ synchronous communications and batch transactions will employ asynchronous communications.

4.4 EXTERNAL INTERFACES

The definition of an external interface is an interaction between the CMIPS II Application that involves an external interface partner. These interactions will include both real-time and batch interactions. The information related to each of these interactions is described in the following sections.

4.4.1 Real-Time Synchronous Interfaces

This type of interaction includes those that require one of the applications to wait on a response from the other, prior to finalizing the interaction. This type of interaction is sometimes known as request/response because one entity sends a request for data and then waits for the response to the data request.

These interactions will be performed through web services or point-to-point socket calls. A good example of this interaction type is when the Cúram Application needs to clear a new recipient with the Statewide Client Index (SCI). In this example, the Cúram Application will initiate a point-to-point socket call to the SCI. Another example is when the Cúram Application needs to display a timesheet image. In this example, a web service call would be made by Cúram to the Timesheet Processing Facility (TPF) to retrieve the image which would then be displayed by the Cúram Application.

4.4.2 Real-Time Asynchronous Interfaces

There are no plans to implement external asynchronous real-time interfaces in the CMIPS II Application.

4.4.3 Batch Asynchronous Interfaces

There are numerous asynchronous batch interfaces with CMIPS II and external partners. These interfaces will be initiated and controlled by the CMIPS II BPS Component. There are two business requirements driving CMIPS II to be the initiator of these interfaces.

They are:

- All interfaces shall provide guaranteed and once-only delivery.
- All interfaces shall detect and provide the functionality to support the correction of partial or interrupted deliveries.

For example, when a file is ready for transmission to an external partner, the CMIPS II BPS Component will open the appropriate communication channel and will then send the data file. This allows CMIPS II to meet the above requirements using CMIPS II BPS capabilities. If BPS detects that there was a bad transmission, it can either resend the file or restart an interrupted transmission. If the partner's component initiated the transmission, CMIPS II would have no way to assure that they pulled or pushed the data.

5 OPERATIONAL DETAILS

5.1 INTERFACE SCHEDULING

The HP CMIPS II Team will work with the external interface partner SPOC to identify the specific scheduling details of each interface. These details will include timing, processing needs and other considerations.

5.2 BATCH

As previously described, CMIPS II will, in most cases; control batch interfaces in order to meet the “guaranteed and one-only delivery” and “correction of partial or interrupted deliveries” requirements. These interfaces will be initiated and controlled by the CMIPS II BPS Component.

The CMIPS II Interface team will work with each external interface partner to establish connectivity to the appropriate partner-based connection server. In most cases this will be a partner-supplied FTPS server.

The information supplied below describes connection points that are supported within the State DTS Data Center CMIPS II Environment where the external partner is unable to provide the connection server.

5.2.1 Internal to DTS

Systems that are in-house at the State DTS Data Center are considered “Internal to DTS Interfaces”. These systems can communicate with the CMIPS II BPS Interface servers using the following technical information.

Table 2 - Internal DTS Connection Network

Environment	IP	Protocol	Ports	URL
DEV	TBD	https://	TBD	TBD
DEV	TBD	ftps://	TBD	TBD
DEV-Interface	TBD	https://	TBD	TBD
DEV-Interface	TBD	ftps://	TBD	TBD
Test1	TBD	https://	TBD	TBD
Test2	TBD	https://	TBD	TBD
Test3	TBD	https://	TBD	TBD
Test4	TBD	https://	TBD	TBD
Test5	TBD	https://	TBD	TBD
Test6	TBD	https://	TBD	TBD
Test7	TBD	https://	TBD	TBD
Test8	TBD	https://	TBD	TBD
PROD	TBD	TBD	TBD	TBD

5.2.2 External to DTS Interfaces

Systems that are housed external to the State DTS Data Center are considered “External to DTS Interfaces”. The two general groupings in this category are County Network data exchange partners and Public Internet Network data exchange partners.

5.2.2.1 External to DTS – County Network

The following information can be used by County Network data exchange partners to connect to the CMIPS II BPS Interface servers hosted at the State DTS Data Center. Please note that County users may use different Network Address

Translation (NAT) addresses or URLs as defined by their Local County Network Technical Support teams coordinating with the DTS Networking team.

Table 3 - External DTS Connection County Network

Environment	IP	Protocol	Ports	URL
DEV	TBD	https://	TBD	TBD
DEV	TBD	ftps://	TBD	TBD
DEV-Interface	TBD	https://	TBD	TBD
DEV-Interface	TBD	ftps://	TBD	TBD
Test1	TBD	https://	TBD	TBD
Test2	TBD	https://	TBD	TBD
Test3	TBD	https://	TBD	TBD
Test4	TBD	https://	TBD	TBD
Test5	TBD	https://	TBD	TBD
Test6	TBD	https://	TBD	TBD
Test7	TBD	https://	TBD	TBD
Test8	TBD	https://	TBD	TBD
PROD	TBD	TBD	TBD	TBD

5.2.2.2 External to DTS – Public Internet Network

The following information can be used by Public Internet Network data exchange partners to connect to the CMIPS II BPS Interface servers hosted at the State DTS Data Center. Please note that County or external users may use different NAT addresses or URLs as defined by their Local Network Technical Support teams coordinating with the DTS Networking team.

Table 4 - Internal DTS Connection Internet Network

Environment	IP	Protocol	Ports	URL
DEV	TBD	https://	TBD	TBD
DEV	TBD	ftps://	TBD	TBD
DEV-Interface	TBD	https://	TBD	TBD
DEV-Interface	TBD	ftps://	TBD	TBD
Test1	TBD	https://	TBD	TBD
Test2	TBD	https://	TBD	TBD
Test3	TBD	https://	TBD	TBD
Test4	TBD	https://	TBD	TBD
Test5	TBD	https://	TBD	TBD
Test6	TBD	https://	TBD	TBD
Test7	TBD	https://	TBD	TBD
Test8	TBD	https://	TBD	TBD
PROD	TBD	TBD	TBD	TBD

5.2.3 External Partner Technical Information

The following table lists the technical connection information needed for the external partner. Associated security information will not be documented in this document for security reasons.

Table 5 - Partner Connection Network Information

External Partner	IP	Protocol	Ports	URL
Butte County	TBD	TBD	TBD	TBD
Riverside County	TBD	TBD	TBD	TBD
San Joaquin County	TBD	TBD	TBD	TBD
San Francisco County	TBD	TBD	TBD	TBD
San Mateo County	TBD	TBD	TBD	TBD
Santa Barbara County	TBD	TBD	TBD	TBD

CMIPS II will connect to the supplied FTP server and pull/push files using the FTPS protocol. If an external partner does not have an FTP server, DTS may be able to provide an internal connection that can be used. This will need to be confirmed by the CMIPS II Project and DTS.

5.3 DATA CONVERSION INFORMATION

During the rolling implementation of CMIPS II and the conversion of IHSS data from the legacy CMIPS System to CMIPS II, considerations will need to be made for some external interface partners.

5.3.1 General Interface Information from Data Conversion

The CMIPS II Data Conversion process will produce a cross-reference listing of CMIPS recipient cases and providers that were successfully converted into CMIPS II. The recipient case cross-reference will consist, at a minimum, of the following information:

- CMIPS (legacy) recipient Case Number
- CMIPS II (new) recipient Case Number
- Recipient Last Name
- Recipient First Name
- Client Index Number, if needed by the interface partner
- Social Security Number, if needed by the interface partner

The provider cross-reference listing will consist, at a minimum, of the following information:

- CMIPS (legacy) provider number
- CMIPS II (new) provider number
- Provider Last Name
- Provider First Name
- Social Security Number, if needed by the interface partner
- Employer Identification Number, if needed by the interface partner

These data elements may change as the development of CMIPS II proceeds, and/or external interface partner requirements are further identified.

Some external interface partners will need data/information during the CMIPS II conversion and implementation process.

5.3.2 IHSS Data Conversion External Interface Partner Information

It is the responsibility of each County to provide to their Contractor, the cross reference information from the CMIPS (Legacy) Case Number to the CMIPS II (New) Case Number to allow their contractor to continue billing/invoicing once the County has converted to CMIPS II. The CMIPS II County Contractor Reconciliation Interface layout requires use of the CMIPS II (New) Case Number for all files submitted after a County is live on CMIPS II.

5.4 TESTING INFORMATION

5.4.1 Pre-Implementation

The HP CMIPS II Test team will work with the HP Interface team to identify an External Interface Partner Single Point of Contact (SPOC) for testing of the interfaces. The HP CMIPS II Test team will work with each SPOC to develop a test schedule and plan that will assure each interface is tested and ready for implementation. The Test team will also prepare test data and test scenarios that can be shared with each interface partner. The test data and scenarios will test triggering conditions and the actual interface data. Testing will be performed in conjunction with the external interface partners for the following test phases:

- Integration Testing – This test phase will utilize minimal (1-2 records) mock data for each interface. For each interface outbound from CMIPS II, data will be transmitted to the external interface partner to ensure connection/transfer success. For each interface inbound to CMIPS II, the external partner for each interface would provide minimal mock data to test the retrieval by or transmission to CMIPS II.
- Functional Testing – This test phase will utilize end to end testing in CMIPS II and full business processing to create outbound interface files and to process inbound interface files. This testing may require multiple exchanges with an interface partner to ensure that all components are adequately tested. This testing will be preformed by the HP CMIPS II team.
- User Acceptance Testing (UAT) – This test phase will utilize end to end testing in CMIPS II and full business processing to create outbound

interface files and to process inbound interface files. This testing may require multiple exchanges with an interface partner to ensure that all components are adequately tested. This testing will be preformed by CDSS, OSI and County staff and may utilize conversion data in specific counties.

If an external interface partner is not able to test or is not prepared for testing, mock inbound data will be utilized by the HP CMIPS II Test team to test the CMIPS II System to confirm that given appropriate input, CMIPS II functionality will perform as expected.

5.4.1.1 Communication

During the Integration testing phase, communication with the external interface partner will be with the HP CMIPS II Development team. All connectivity testing will be coordinated through the external partner single-point-of-contact (SPOC) or designee.

During the Functional testing phase, communication will be coordinated through the HP CMIPS II System Test team. All collaborative functional testing will be coordinated through the external partner single-point-of-contact (SPOC) or designee.

During the UAT testing phase, communication will be coordinated through the OSI CMIPS II UAT Test team and the HP CMIPS II Test team. All collaborative UAT testing will be coordinated through the external partner single-point-of-contact (SPOC) or designee.

5.4.1.2 External Partner Specific Pre-Implementation Testing Information

Table 6 – Pre-Implementation Test Dates

Interface	CMIPS II Project Scripts Available	Begin Integration Testing Phase	External Partner Testing Readiness	Begin Interface Partner Functional Testing Phase	Begin Interface Partner UAT Testing Phase
CCXR3XXA	10/10/2009	10/23/2009	10/23/2009	11/25/2009	12/17/2009

5.4.2 Post-Implementation

After CMIPS II implementation testing will be required for an interface if a system change to CMIPS II is determined to have a potential impact on that interface or if the change is to the interface directly. Interface Partner participation may be required in these situations to assure that CMIPS II and the Partner system is not adversely affected by the change. The HP CMIPS II Test team will work with the External Interface Partner Single Point of Contact (SPOC) to coordinate testing of the affected interface(s). The HP CMIPS II Test team will work with each SPOC to develop a test schedule and plan that will assure the interface is tested and ready for production release. The Test team will also prepare test data and test scenarios that can be shared with the interface partner. The test data and scenarios will test

triggering conditions and the actual interface data. Testing may be performed in conjunction with the external interface partners for the following test phases:

- **Functional Testing** – This test phase will utilize end to end testing in CMIPS II and full business processing to create outbound interface files and to process inbound interface files. This testing may require multiple exchanges with an interface partner to ensure that all components are adequately tested. This testing will be performed by the HP CMIPS II team.
- **User Acceptance Testing (UAT)** – This test phase will utilize end to end testing in CMIPS II and full business processing to create outbound interface files and to process inbound interface files. This testing may require multiple exchanges with an interface partner to ensure that all components are adequately tested. This testing will be performed by CDSS, OSI and County staff.

5.4.2.1 Communication

During the CMIPS II Change Management process, OSI will communicate with External Interface partners regarding any CMIPS II Change Request that will modify an interface or regarding any Change Request that will require Interface Partner participation in the testing phase. OSI would also provide any necessary Change Request(s) to the External Partner as determined necessary.

During the Functional testing phase, communication will be coordinated through the HP CMIPS II System Test team. All collaborative functional testing will be coordinated through the external partner single-point-of-contact (SPOC) or designee.

During the UAT testing phase, communication will be coordinated through the OSI CMIPS II UAT Test team and the HP CMIPS II Test team. All collaborative UAT testing will be coordinated through the external partner single-point-of-contact (SPOC) or designee.

5.5 IMPLEMENTATION INFORMATION

The HP CMIPS II Implementation team will work with the HP Interface team to identify an External Interface Partner Single Point of Contact (SPOC) for implementation of each interface. During the implementation phase for each County, the External Interface Partner SPOC will be engaged by the Implementation team to help facilitate a smooth transition/start-up for the County interface.

5.5.1 Legacy CMIPS/CMIPS II Considerations

During the phased roll-out of CMIPS II as a Contract County implements CMIPS II, this interface and its associated business processes will take the place of the current Legacy CMIPS processes. CMIPS II and Legacy CMIPS processes should not exist simultaneously in any county.

5.6 SECURITY INFORMATION

The HP CMIPS II Architecture team will work with the HP Interface team to identify an External Interface Partner SPOC for each interface. During the development/coding phase for each interface, the External Interface Partner SPOC will be engaged by the Architecture team to establish connections and security protocols in preparation for testing and implementation.

6 INTERFACE BUSINESS INFORMATION

6.1 BUSINESS PROCESS AND PURPOSE

6.1.1 County Contractor Reconciliation Receive Interface

Each County Contractor produces a semi-monthly or monthly file of payroll invoices. CMIPS II shall process the file and the reconciliation information will be made available in online reports.

6.2 BUSINESS WORK FLOWS

6.2.1 County Contractor Reconciliation Receive Interface

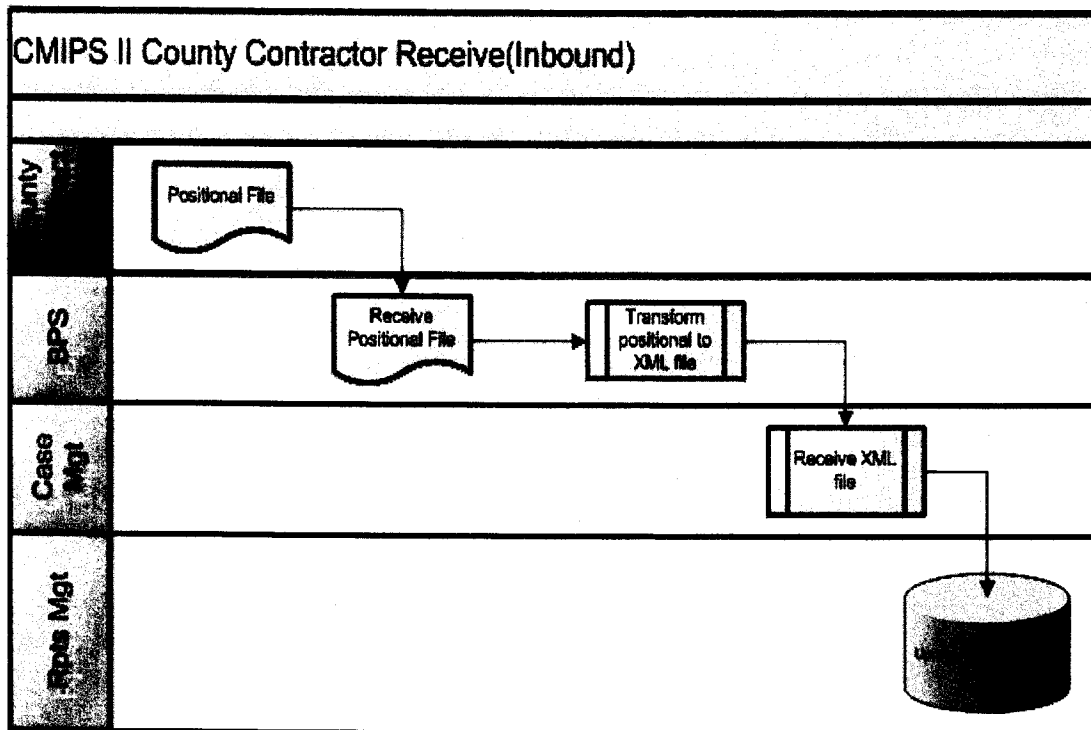


Figure 5 – County Contractor Reconciliation Receive Interface

1. File is received from a contract county.
2. BPS transforms the file to XML.

3. Case Management business processes are executed.
4. Results are passed to the reporting database and the reconciliation reports are generated.

7 INTERFACE TECHNICAL DETAILS

7.1 INTERFACE SPECIFICATIONS

7.1.1 County Contractor Reconciliation Receive

7.1.1.1 Technical Name of Interface – CCR3XXA

Multiple files are created or received with this interface. Each file has an individual technical name detailed in the table below. The layout of each file is the same and any process associated with the interface is the same, any processes executed for this interface may be run independently for each file.

County Contractor	Technical Name
Butte County	CCMR304A
Riverside County	CCMR333A
San Joaquin County	CCMR339A
San Francisco County	CCSR338A
San Mateo County	CCMR341A
Santa Barbara County	CCMR342A

7.1.1.2 Characteristics of Interface

- Type – Batch
- Format – Positional
- Priority – Critical
- Frequency – Semi-Monthly (SM) or Monthly (M)
 - Butte – M
 - Riverside – M
 - San Francisco – SM
 - San Joaquin – M
 - San Mateo – M
 - Santa Barbara – M
- Timing – Sequencing – To be determined with the CMIPS II Operations team
- Security & Privacy Classification – CMIPS II will establish a secure FTP connection with County Contractors to push/pull files

- Source(s) (System) – County Contractor
- Target(s) (System) – CMIPS II
- Data Transformation(s) – Positional to XML format
- Media – Electronic File
- Interface Method – FTPS

7.1.1.3 Data Elements of Interface

7.1.1.3.1 Logical Layout Name/Transaction: Contractor Specific Record (Header)

Data Item Name	Format	Length	Comment
RECORD HEADER INDICATOR	String	1	Indicates Record Type – Values are: 1 = Header
COUNTY NUMBER	Numeric	2	Values are: 04 = Butte 33 = Riverside 38 = San Francisco 39 = San Joaquin 41 = San Mateo 42 = Santa Barbara
CONTRACTOR NUMBER	Numeric	1	Values are: 1 – 9
SERVICE MONTH	MMYY	4	Month and year being billed
SERVICE PERIOD	String	1	Values are: A = Bimonthly billing – Days 1-15 B = Bimonthly billing – Days 16-31 C = Contractors submitting monthly billings
INVOICE DATE	MMDDYY	6	Invoice date submitted by the contractor
INVOICE NUMBER	String	6	Invoice number submitted by the contractor
BEGIN DATE	MMYY	4	Contract begin date
CONTRACTOR RATE	Numeric	5	Format is five characters with two decimal places, without the decimal
CONTRACTOR NAME	String	30	
FILLER	String	80	

7.1.1.3.2 Logical Layout Name/Transaction: Recipient Specific Record (Detail)

Data Item Name	Format	Length	Comment
RECORD HEADER INDICATOR	String	1	Indicates Record Type – Values are: 2 = Recipients Detail Record
RECIPIENT CASE NUMBER	Numeric	7	CMIPS II case number
RECIPIENT LAST NAME	String	17	
RECIPIENT FIRST NAME	String	12	
RECIPIENT MIDDLE INITIAL	String	1	
RECIPIENT SSN	String	9	
RECIPIENT SERVICE MONTH	MMYY	4	Month being billed for which services were provided
RECIPIENT SERVICE PERIOD	String	1	Values are: A = Bimonthly billing – Days 1-15 B = Bimonthly billing – Days 16-31 C = Contractors submitting monthly billings
RECIPIENT AUTHORIZED HOURS	HHHMM	5	
RECIPIENT BILLED HOURS	HHHMM	5	
RECIPIENT CONTRACT RATE	Numeric	5	Format is five characters with two decimal places, without the decimal
SOC OBLIGATED DATE	MMDDYY	6	Date Medi-Cal card swiped
SOC COLLECTED	Numeric	6	SOC collected by the contractor
FILLER	String	30	

7.2 ERROR PROCESSING**7.2.1 Transmission**

A transmission error is the non-receipt of an expected file. Transmission errors will be addressed using phone contact in the appropriate and identified manner based on the interface partner involved in the transmission failure. Details for completing the transmission will be determined during this contact.

7.2.2 File Processing

A file processing error is the existence of an error in a successfully delivered file that prevents the processing of this file. The system responsible for processing the file should first follow their own procedures for validating that the error is not with their system. Next, the system responsible for processing should contact the appropriate and identified contact for the source system. This contact should provide notification that either there is an error in processing and any expected responses may be delayed. Or the contact should request that the file be reviewed and corrected by the source system and re-transmitted. Details will be determined through this communication.

7.3 REPORTS

The following reports will be made available to County Staff in the CMIPS II online reports.

7.3.1 Contractor Payment Auth Report

S T A T E O F C A L I F O R N I A										PAGE 9999				
COUNTY: AAAAAAAAAAAAAA		IN-HOME SUPPORTIVE SERVICES				CYCLE DATE: MM/DD/YYYY TO MM/DD/YYYY								
OFFICE: 99		CONTRACTOR PAYMENT AUTH REPORT - ALPHA				RUN DATE: MM/DD/YYYY TIME: HH:MM:SS				INVOICE DATE: MM/DD/CCYY				
										INVOICE NUMBER: XXXXXXXX				
RECIPIENT NAME / CASE NUMBER	SERVICE MON/PER	CHIPS II AUTH HOURS	CC AUTH HOURS	BILLED HOURS	CUTBACK HOURS	CHIPS II AUTH AMOUNT	CC AUTH AMOUNT	BILLED AMOUNT	CUTBACK AMOUNT	SOC OBLIGATED CURRENT CHIPS II SOC	SOC OBLIGATED DATE	APPROVED FOR PAY	SERV LVL	FUND SOURCE
XXXXXXXXXXXXXXXXXXXX, 1112548	MM/CCYY X	99,999:99	99,999:99	99,999:99	99,999:99	\$999.99	\$999.99	4999.99	\$999.99	999.99	MM/DD/YY	9999.99	999%	2N
***** 99 - SUBMITTED RATE: 99.99														
***** 99 - (INFORMATION & WARNING MESSAGES)														
XXXXXXXXXXXXXXXXXXXX, 9999999	MM/CCYY X	99,999:99	99,999:99	99,999:99	99,999:99	\$999.99	\$999.99	\$999.99	\$999.99	999.99	MM/DD/YY	9999.99	999%	2L
***** 99 - SUBMITTED RATE: \$99.99														
***** 99 - (INFORMATION & WARNING MESSAGES)														
XXXXXXXXXXXXXXXXXXXX, 9999999	MM/CCYY X	99,999:99	99,999:99	99,999:99	99,999:99	\$999.99	\$999.99	\$999.99	\$999.99	999.99	MM/DD/YY	9999.99	999%	2H
***** 99 - SUBMITTED RATE: \$99.99														
***** 99 - (INFORMATION & WARNING MESSAGES)														

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

CONFIDENTIAL

S T A T E O F C A L I F O R N I A

PAGE: 9999999

COUNTY: XXXXXXXXXXXX IN-HOME SUPPORTIVE SERVICES CYCLE DATE: MM/DD/YYYY TO MM/DD/YYYY
 OFFICE: 99 CONTRACTOR PAYMENT AUTH SUMMARY RUN DATE: MM/DD/YYYY TIME: HH:MM:SS
 INVOICE DATE MM/DD/YYYY
 INVOICE NO 9999999X

SERVICE MON/PER	CHIPS II AUTH HOURS	BILLED HOURS	CUTBACK HOURS	SUMMARY TOTALS - All Programs		CUTBACK AMOUNT	SOC OBLIGATED	APPROVED FOR PAY
				CHIPS II AUTH AMOUNT	BILLED AMOUNT			
		CC AUTH HOURS			CC AUTH AMOUNT		CURRENT CHIPS II SOC	
03/2008	99,999.99:99	99,999:99	999:99		\$99,999.99	\$99,999.9	\$99,999.99	\$99,999.99
	99,999.99:99				\$99,999.99	9	\$99,999.99	\$99,999.99
04/2008	99,999.99:99	99,999:99	999:99		\$99,999.99	\$99,999.9	\$99,999.99	\$99,999.99
	99,999.99:99				\$99,999.99	9	\$99,999.99	\$99,999.99
MM YYYY	99,999.99:99	99,999:99	999:99		\$99,999.99	\$99,999.9	\$99,999.99	\$99,999.99
	99,999.99:99				\$99,999.99	9	\$99,999.99	\$99,999.99
MM YYYY	99,999.99:99	99,999:99	999:99		\$99,999.99	\$99,999.9	\$99,999.99	\$99,999.99
	99,999.99:99				\$99,999.99	9	\$99,999.99	\$99,999.99
TOTAL MONTHS	99,999.99:99	99,999:99	999:99		\$99,999.99	\$99,999.9	\$99,999.99	\$99,999.99
	99,999.99:99				\$99,999.99	9	\$99,999.99	\$99,999.99

TOTAL CASE MONTHS 9,999

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

STATE OF CALIFORNIA

COUNTY: XXXXXXXXXXXX

IN-HOME SUPPORTIVE SERVICES

CYCLE DATE: MM/DD/YYYY TO MM/DD/YYYY

OFFICE: 99

CONTRACTOR PAYMENT AUTH SUMMARY

RUN DATE: MM/DD/YYYY

TIME: HH:MM:SS

INVOICE DATE MM/DD/YYYY

INVOICE NO 99999999X

SERVICE MON/PER	CMIPS II AUTH HOURS		BILLED HOURS	CUTBACK HOURS	CMIPS II AUTH AMOUNT		BILLED AMOUNT	CUTBACK AMOUNT	SOC OBLIGATED	APPROVED FOR PAY
	CC AUTH HOURS				CC AUTH AMOUNT					
03/2008	99,999.99:99	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99				\$99,999.99		\$99,999.99		\$99,999.99	
04/2008	99,999.99:99	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99				\$99,999.99		\$99,999.99		\$99,999.99	
MM YYYY	99,999.99:99	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99				\$99,999.99		\$99,999.99		\$99,999.99	
MM YYYY	99,999.99:99	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99				\$99,999.99		\$99,999.99		\$99,999.99	
TOTAL MONTHS	99,999.99:99	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99				\$99,999.99		\$99,999.99		\$99,999.99	
TOTAL CASE MONTHS 9,999										

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

STATE OF CALIFORNIA

COUNTY: XXXXXXXXXX IN-HOME SUPPORTIVE SERVICES CYCLE DATE: MM/DD/YYYY TO MM/DD/YYYY
 OFFICE: 99 CONTRACTOR PAYMENT AUTH SUMMARY RUN DATE: MM/DD/YYYY TIME: HH:MM:SS
 INVOICE DATE MM/DD/YYYY
 INVOICE NO 99999999X

SERVICE MON/PER	SUMMARY TOTALS - IPO				CUTBACK AMOUNT	SOC OBLIGATED	APPROVED FOR PAY
	CMIPS II AUTH HOURS	BILLED HOURS	CUTBACK HOURS	CMIPS II AUTH AMOUNT			
03/2008	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99			\$99,999.99		\$99,999.99	
04/2008	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99			\$99,999.99		\$99,999.99	
MM YYYY	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99			\$99,999.99		\$99,999.99	
MM YYYY	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99			\$99,999.99		\$99,999.99	
TOTAL MONTHS	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99			\$99,999.99		\$99,999.99	
							TOTAL CASE MONTHS 9,999

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

PAGE: 99999999

STATE OF CALIFORNIA

COUNTY: XXXXXXXXXX IN-HOME SUPPORTIVE SERVICES CYCLE DATE: MM/DD/YYYY TO MM/DD/YYYY
 OFFICE: 99 CONTRACTOR PAYMENT AUTH SUMMARY RUN DATE: MM/DD/YYYY TIME: HH:MM:SS
 INVOICE DATE MM/DD/YYYY INVOICE NO 99999999X

SUMMARY TOTALS - IHSS-R

SERVICE MON/PER	CMIPS II AUTH HOURS	BILLED HOURS	CUTBACK HOURS	CMIPS II AUTH AMOUNT	BILLED AMOUNT	CUTBACK AMOUNT	SOC OBLIGATED	APPROVED FOR PAY	CURRENT CHIPS II SOC
03/2008	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99			\$99,999.99			\$99,999.99		\$99,999.99
04/2008	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99			\$99,999.99			\$99,999.99		\$99,999.99
MM YYYY	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99			\$99,999.99			\$99,999.99		\$99,999.99
MM YYYY	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99			\$99,999.99			\$99,999.99		\$99,999.99
TOTAL MONTHS	99,999.99:99	99,999:99	999:99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99	\$99,999.99
	99,999.99:99			\$99,999.99			\$99,999.99		\$99,999.99
							TOTAL CASE MONTHS 9,999		

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

7.3.1.1 Report Description

The Contractor Payment Auth Report lists recipient cases for which the Contractor has submitted billing. The Contractor may submit billing for any service period for which services were provided, but only those services provided in the current billing month and two previous months will appear.

7.3.1.2 Data Contained

Data Field	Description
PAGE	Page Number.
COUNTY	County report is generated for.
CYCLE DATE	Scheduled Month and Year.
OFFICE	District Office the report was run for.
RUN DATE	The date the report was actually ran.
TIME	The HH:MM:SS the report was run.
INVOICE DATE	The invoice date submitted by the Contractor.
INVOICE NUMBER	The invoice number submitted by the Contractor.
ALPHA SORT	
RECIPIENT NAME / CASE NUMBER	The name and associated number of the recipient for whom the services are being billed.
SERVICE MON / PER	The month and year (MM/YYYY) services being billed were provided to the recipient. The period (PER) indicates the Contractors billing period. Valid indications are: <ul style="list-style-type: none"> • A – Days 1 -15 for Contractors billing bimonthly • B – Days 16 – 31 for Contractors billing bimonthly • C – Contractors billing monthly
CMIPS II AUTH HOURS	The number of Contractor (CC) mode service hours and minutes the recipient is authorized to receive during a service month.
BILLED HOURS	The number of service hours and minutes billed by the contractor for a service month.
CUTBACK HOURS	The difference between the authorized hours and minutes and the billed hours and minutes submitted for a recipient in a billing period.
CMIPS II AUTH AMOUNT	The Contractor (CC) mode payment amount authorized for the recipient.
BILLED AMOUNT	The billed amount submitted by the contractor for payment for services provided for a recipient.
CUTBACK AMOUNT	The difference between the authorized amount and the billed amount submitted. The Contractor billing will be reduced by the resulting dollar amount.
SOC OBLIGATED	The obligated Share of Cost, calculated by CMIPS II, the recipient is responsible to pay to the Contractor for services provided before IHSS payments ensue.

Data Field	Description
SOC OBLIGATED DATE	The date the Medi-Cal card was swiped.
APPROVED FOR PAY	The billed amount minus any CUTBACK AMOUNT and/or SOC APPLIED associated with the recipient case.
SERV LVL	The Service Level, represented as a whole number (73%), is determined as the percentage of authorized hours served for the billing period.
FUND SOURCE	The IHSS Aid Code of the recipient which represents the funding source (2L, 2N, 2M).
CC AUTH HOURS	County Contractor Authorized Hours and minutes.
CC AUTH AMOUNT	County Contractor Authorized Amount.
CURRENT CMIPS II SOC	The current SOC amount in CMIPS II.
INFORMATION & WARNING MESSAGES	The messages appearing result from conflicts in the information submitted by the contractor and CMIPS II data.
PROGRAM TYPE (IHSS FUNDING SOURCE) & SUMMARY TOTALS - PCSP, IPO and IHSS-R	
SERVICE MON/PER	The month and year (MM/YYYY) services being billed were provided to the recipient. The period (PER) indicates the Contractors billing period. Valid indications are: <ul style="list-style-type: none"> • A – Days 1 -15 for Contractors billing bimonthly • B – Days 16 – 31 for Contractors billing bimonthly • C – Contractors billing monthly
CMIPS II AUTH HOURS	The number of Contractor (CC) mode service hours and minutes the recipient is authorized to receive during a service month.
BILLED HOURS	The number of service hours and minutes billed by the contractor for a service month.
CUTBACK HOURS	The difference between the authorized hours and minutes and the billed hours submitted for a recipient in a billing period.
CMIPS II AUTH HOURS	The number of Contractor (CC) mode service hours and minutes the recipient is authorized to receive during a service month.
BILLED AMOUNT	The billed amount submitted by the contractor for payment for services provided for a recipient.
CUTBACK AMOUNT	The difference between the authorized amount and the billed amount submitted. The Contractor billing will be reduced by the resulting dollar amount.
SOC OBLIGATED	The obligated Share of Cost, calculated by CMIPS II, the recipient is responsible to pay to the Contractor for services provided before IHSS payments ensue.

Data Field	Description
APPROVED FOR PAY	The billed amount minus any Cutback Amount and/or SOC applied associated with the recipient case. (Billed amount – (Cutback amount + SOC applied) = Approved for Pay).
CC AUTH HOURS	County Contractor Authorized Hours and minutes.
CC AUTH AMOUNT	County Contractor Authorized Amount.
CURRENT CMIPS II SOC	The current SOC amount in CMIPS II.
TOTAL MONTHS	Totals for the month.
TOTAL CASE MONTHS	Total cases for the month.

7.3.1.3 Primary Sort

Recipient name (alpha)

7.3.1.4 Produce by

County, District

7.3.1.5 Business Need

The Contractor Payment Auth Report assists counties in monitoring Contractor billing submissions for which authorizes payment are made. This report may also be used to evaluate the contractor's performance in providing services to recipients.

7.3.1.6 Target Audience

IHSS Program staff

7.3.1.7 Frequency

Monthly or Semi Monthly (San Francisco)

7.3.1.8 Trigger Event

Contractor billing processed

7.3.2 Contractor Payment Rejects Report

PAGE 9999

S T A T E O F C A L I F O R N I A

COUNTY: AAAAAAAAAAAAAA

IN-HOME SUPPORTIVE SERVICES

CYCLE DATE: MM/DD/YYYY TO MM/DD/YYYY

OFFICE: 99

CONTRACTOR PAYMENT REJECTS REPORT

RUN DATE: MM/DD/YYYY TIME: HH:MM:SS

INVOICE DATE: MM/DD/CCYY

INVOICE NUMBER: XXXXXXXX

RECIPIENT NAME	CASE NUMBER	SERVICE MON/PER	BILLED HOURS	BILLED AMOUNT	SOC OBLIGATED	SOC OBLIGATED DATE	REJECTED PAYMENT AMT	REJECT AND WARNING CODES
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X	999999	MM/CCYY X	999:99	\$9999.99	999.99	MM/DD/YY	999.99	99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X	999999	MM/CCYY X	999:99	\$9999.99	999.99	MM/DD/YY	999.99	99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X	999999	MM/CCYY X	999:99	\$9999.99	999.99	MM/DD/YY	999.99	99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X	999999	MM/CCYY X	999:99	\$9999.99	999.99	MM/DD/YY	999.99	99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X	999999	MM/CCYY X	999:99	\$9999.99	999.99	MM/DD/YY	999.99	99 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CONFIDENTIAL

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

STATE OF CALIFORNIA

COUNTY: AAAAAAAAAAAAAA

IN-HOME SUPPORTIVE SERVICES

CYCLE DATE: MM/DD/YYYY TO MM/DD/YYYY

OFFICE: 99

CONTRACTOR PAYMENT REJECTS REPORT

RUN DATE: MM/DD/YYYY TIME: HH:MM:SS

WORKER #: XX99

INVOICE DATE: MM/DD/CCYY

INVOICE NUMBER: XXXXXXXX

RECIPIENT NAME	CASE NUMBER	SERVICE MON/PER	BILLED HOURS	BILLED AMOUNT	SOC OBLIGATED	SOC OBLIGATED DATE	REJECTED PAYMENT AMT	REJECT AND WARNING CODES
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX X	9999999	MM/CCYY X	999:99	\$9999.99	999.99	MM/DD/YY	999.99	99 - XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX X	9999999	MM/CCYY X	999:99	\$9999.99	999.99	MM/DD/YY	999.99	99 - XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX X	9999999	MM/CCYY X	999:99	\$9999.99	999.99	MM/DD/YY	999.99	99 - XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX X	9999999	MM/CCYY X	999:99	\$9999.99	999.99	MM/DD/YY	999.99	99 - XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX X	9999999	MM/CCYY X	999:99	\$9999.99	999.99	MM/DD/YY	999.99	99 - XXXXXXXXXXXXXXXXXXXXX

CONFIDENTIAL

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

Summary Report Layout

STATE OF CALIFORNIA

PAGE 9999

COUNTY: AAAAAAAAAAAAAA

CYCLE DATE: MM/DD/YYYY TO MM/DD/YYYY

OFFICE: 99

RUN DATE: MM/DD/YYYY TIME: HH:MM:SS

IN-HOME SUPPORTIVE SERVICES

CONTRACTOR PAYMENT REJECTS REPORT - SUMMARY

INVOICE DATE: MM/DD/CCYY

INVOICE NUMBER: XXXXXXXX

SERVICE MONTH	BILLED HOURS	BILLED AMOUNT	SOC OBLIGATED	REJECTED PAYMENT AMOUNT	NUMBER RECORDS
MM/CCYY	999:99	\$9999.99	999.99	999.99	99,999
MM/CCYY	999:99	\$9999.99	999.99	999.99	99,999
MM/CCYY	999:99	\$9999.99	999.99	999.99	99,999
MM/CCYY	999:99	\$9999.99	999.99	999.99	99,999
MM/CCYY	999:99	\$9999.99	999.99	999.99	99,999

CONFIDENTIAL

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

7.3.2.1 Report Description

The Contractor Payment Rejects Report lists recipient records submitted by the Contractor for which payment was rejected, or for which warnings were indicated.

7.3.2.2 Data Contained

Data Field	Description
COUNTY	The County the report was run for.
OFFICE	The 2-digit district office code.
CYCLE DATE	The start and end dates for the reporting date range.
RUN DATE	The date the report was executed.
INVOICE DATE	The invoice date submitted by the Contractor.
INVOICE NUMBER	The invoice number submitted by the Contractor.
WORKER #	The Social Worker assigned to the recipient case.
RECIPIENT NAME	The name of the recipient receiving services.
CASE NUMBER	The case number assigned to the recipient case.
SERVICE MON / PERIOD	The month and year (MM/YYYY) services being billed were provided to the recipient. The period (PER) indicates the Contractors billing period. Valid indications are: A – Days 1 -15 for Contractors billing bimonthly B – Days 16 – 31 for Contractors billing bimonthly C – Contractors billing monthly
BILLED HOURS	The number of service hours and minutes billed by the contractor for a service month.
BILLED AMOUNT	The billed amount submitted by the contractor for payment for services provided for a recipient.
SOC COLLECTED	The share of cost amount collected, from the recipient, by the Contractor.
REJECTED PAYMENT AMOUNT	The billed amount minus the share of cost collected.
REJECT AND WARNING CODES	Reasons for payment rejection.
SUMMARY REPORT	
SERVICE MONTH	The month services being billed were provided to the recipient.
BILLED HOURS	The number of service hours, rounded to tenths, billed by the contractor for a service month.
BILLED AMOUNT	The billed amount submitted by the contractor for payment for services provided for a recipient.
SOC COLLECTED	The share of cost amount collected, from the recipient, by the Contractor.
REJECTED PAYMENT AMOUNT	Rejected payment Amount.
NUMBER RECORDS	Count of records on report.

7.3.2.3 Primary Sort

Service From Date (Descending)

7.3.2.4 Produce By

County, Office, Worker Number

7.3.2.5 Business Need

To track rejected payments to the County Contractor company

7.3.2.6 Target Audience

IHSS Program staff

7.3.2.7 Frequency

This report is produced each time Contractor billing is processed

7.3.2.8 Trigger Event

When Contractor billing is processed

Note: Report is to be designed to split/page break for each worker

CMIPS II/CC (CCXR3XXA) CC RECONCILIATION RECEIVE SCENARIOS

Frequency

Data Coordination

Monthly or Semi-Monthly - Receive
 CMIPS II provides case numbers to Interface Partner to include on file

Data Conditions:

- 1) Incoming case matches CMIPS II case in Contractor Mode, county matches
- 2) Incoming case matches CMIPS II case not in Contractor Mode
- 3) Incoming case matches CMIPS II case in Contractor Mode, county does not match
- 4) Incoming case does not match a CMIPS II case
- 5) Incoming case matches CMIPS II case, but has invalid data format (Contractor Rate, Authorized Hours, Billed Hours, and SOC Collected). Invalid data format means one of these numeric fields contains an alpha character.
- 6) Incoming SSN does not match recipient SSN in CMIPS II
- 7) Incoming case matches CMIPS II case, but incoming recipient name does not match CMIPS II case
- 8) Incoming case matches CMIPS II case, but recipient case is not allocated County Contractor hours for the service month submitted
- 9) Incoming case matches CMIPS II case, but the incoming rate submitted for the service period does not match the County Contractor pay rate for the service period
- 10) Incoming case matches CMIPS II case and is Share of Cost, but either the SOC Obligated Date or SOC Obligated Amount is missing

Pre-requisites:

System Process Semi-Monthly or Monthly 1, Day 1

Batch processes executed in CMIPS II for CCXR3XXA to retrieve file containing County Contractor Reconciliation Data. File is available and should contain individuals that will match CMIPS II individuals as well as individuals that are not known to CMIPS II.
 NOTE: File to contain individuals for whom CC payment is authorized. File to also contain individuals for whom CC payment will be rejected.

None

CMIPS II Expected Result

File is retrieved and processed by CMIPS II and expected reports are generated.

CC Partner Participation

Provide a file of individuals using some coordinated data in order to have both authorized and rejected payments.

CMIPS II Verification Points

CMIPS II correctly retrieved the CC data file.
 BPS appropriately transformed the data in the file and passed it to the Case Management Component.
 Case Management appropriately processed each record and passed the appropriate ETLs to the reporting component.
 The Contractor Payment Auth report was generated and appropriately populated with correct CC recipient data and with correct associated CMIPS II data.
 The Contractor Payment Rejects report was generated with the appropriate individuals and applicable notifications.

Condition #1

Bill is processed. Included on Contractor Payment Authorization Report.

Condition #2

Bill is not processed. Included on the Contractor Payment Rejects Report.

Condition #3

Bill is not processed. Included on the Contractor Payment Rejects Report.

Condition #4

Bill is not processed. Included on the Contractor Payment Rejects Report.

Condition #5

Bill is not processed. Included on the Contractor Payment Rejects Report.

Condition #6

Bill is not processed. Included on the Contractor Payment Rejects Report.

Condition #7

Bill is not processed. Included on the Contractor Payment Rejects Report.

Condition #8

Bill is not processed. Included on the Contractor Payment Rejects Report.

Condition #9

Bill is not processed. Included on the Contractor Payment Rejects Report.

Condition #10

Bill is not processed. Included on the Contractor Payment Rejects Report.

Proposal Submission Checklist #DPARC-189 In-Home Supportive Services

- Follow the instructions in each section of the RFP and corresponding Exhibits.
- Present all requested items in the order shown.
- Label each item presented and include additional items on your Table of Contents.
- All proposals must include a detailed description of each proposed service to be provided.
- Bidders that do not follow proposal submission guidelines, may be found to be “non-responsive” and disqualified from the bid process.

- Use this checklist to organize all sections of the RFP and to submit your proposal and copies.

Proposal Submission Checklist

- Tab A - Proposal Cover Page (*Page 5 of RFP, signed by Authorized Signatory*)
- Tab B - Proposal Submission Checklist (*this page*)
- Tab C - Table of Contents
- Tab D - Corporate/Company/Agency Profile
- Tab E - Credentials/Resumes/Certifications/Licenses
- Tab F - References
- Tab G - Evidence of Insurability/Business Licenses
- Tab H - Clarifications/Exceptions/Deviations
- Tab I - Financial Statements
- Tab J - ___ Cost Proposal, **Exhibit A** & ___ Budget Justification
Must submit 3 costs proposals, one per fiscal year. Each must be signed.
- Tab K - Description of Services Questions, **Exhibit Q** (Response to Scope of Service)
- Tab L - ___ Attachment Checklist, **Exhibit R** & ___ All Attachments

Any Bidder who wishes to have this form in electronic format may send an email request to:

dpsscontracts@riversidedpss.org please copy clholt@riversidedpss.org

Description of Services Questions #DPARC-189 In-Home Supportive Services

BIDDER INSTRUCTIONS - Description of Services Questions

RFP Narrative Questions

- Please provide a clear and concise response to each question below, in response to the corresponding RFP section and requirements.
- Each section below (ie: 3.1 Target Population, 3.2 Geographic Service Areas and Logistics, etc...) corresponds to the same labeled section in the RFP, for reference. Bidder must label each section and number each corresponding question.
- If Bidder includes an attachment, state "See Attachment (Name of Document)" in each section.
- Bidder shall respond to every section in the order below from 3.1 to 3.11.3.B.1. If any section does not present a statement that qualifies as a declarative question, the bidder shall respond that they have read and agree or disagree to the statement, any failure to do so may eliminate the bidder's proposal.
- Bidders that do not respond to all questions, may be found to be "non-responsive" and disqualified from the bid process.

TARGET POPULATION

3.1 TARGET POPULATION

1. Describe your company's understanding of the needs of this target population.
2. Explain your company's experience in meeting the needs of this target population.
3. Describe how your company will provide services to Clients including the following groups:
 - a. Specialized Services
 - b. Blind and/or Disabled Clients

TECHNICAL CAPABILITIES

3.2 GEOGRAPHIC SERVICE AREAS

1. Indicate which areas your company can serve by marking and submitting **Exhibit C**.
2. Describe how your company will serve each geographic service area (Areas 1, 2 and 3). If your company does not currently have an office in each geographic service area, then state: a) if your company will have an office in each service area, and b) how your company will have an office operating in each service area by July 1, 2011.
3. Describe how your company will provide the 24 hours/day, 7 days/week assessment and service to all clients including the clients in outlying, hard to reach areas.

Any Bidder who wishes to have this form in electronic format may send an email request to:

dpsscontracts@riversidedpss.org please copy clholt@riversidedpss.org

Description of Services Questions #DPARC-189 In-Home Supportive Services

3.3 ADMINISTRATION

Describe your company's **Technical Capabilities** for this service/project by addressing all items below.

1. State your company's **office hours** for administrative items that coordinate with DPSS office hours.
2. Describe your company's "**no charge**" **telephone service**, staffed by a live person twenty-four (24) hours per day, seven (7) days per week to Clients.
3. Describe how your company will pick up non-emergency **referral forms** daily from DPSS offices.
4. Describe how your company will provide **forms in both English and Spanish**.
5. Identify the company, phone number and contact name that you use for **translation services** other than Spanish.
6. Describe how your company works to prevent and identify **actual and suspected incidences of Elder Abuse and Neglect**.
7. Describe how your company handles **Client grievances**.
8. Explain how your company will protect Medi-Cal data privacy and security, and Client confidentiality.
9. Describe how your company will track that all services as requested by DPSS are provided on a daily basis.
10. Describe how your company will track and confirm up-to-date **vehicle insurance and vehicle safety inspections**. Provide any policies, procedures or forms used.
11. Describe your company's policies and procedures regarding transporting Clients safely in vehicles. Provide any policies, procedures or forms used.
12. Describe how the **interaction between your company and DPSS** will take place to ensure that the services are performed according to the contract, including resolving problems that may be encountered during the project.
13. Describe your company's policies regarding this project to ensure contract compliance and quality assurance.
14. Provide your company's **safety regulations, policy and procedures**.
15. Indicate if any part of the service will be **subcontracted** out. If so, indicate the name of the proposed subcontractor and their qualifications, and which portions of work will be contracted out. Subcontractors are subject to the same DOJ and orientation requirements as Contractor's employees. DPSS must approve all subcontractors.
16. Describe how your company will gauge **client satisfaction** by submitting your process and any corresponding forms.
17. State whether your company has any pending litigation. Provide an explanation of any litigation involving the prospective contractor or any principal officers thereof in connection with any contract.

Any Bidder who wishes to have this form in electronic format may send an email request to:

dpsscontracts@riversidedpss.org please copy clholt@riversidedpss.org

Description of Services Questions #DPARC-189 In-Home Supportive Services

3.4 HUMAN RESOURCES

1. Describe your **company's staffing and their roles** to meet client needs.
 - a. Provide a staffing plan.
 - b. The County feels by having HCWs in Full Time status, it improves the service delivery. State the Full Time/Part Time ratio of HCWs that your company would be able to provide to guarantee that the IHSS services would be performed as requested by DPSS. Explain how you will provide these services at your listed FT ratio.
 - c. State what the SC to DPSS-authorized hours ratio would be for your company.
2. Submit an **Organizational chart and job descriptions** for all service staff included in the budget/unit of cost.
3. Describe how your company **maintains HCW attendance** and ensure each Client is visited according to the DPSS-assigned hours and service plan designed with Client.
4. Describe how your company will ensure HCW assignment consistency and **continuity** in services.
5. State the **percentage** of current staff that has **successfully passed the Department of Justice (DOJ) background clearance**.
6. Explain how you will attain and/or maintain **100% DOJ background clearance** before employees begin work with clients. Describe your process.
7. State how your company handles subsequent arrest notifications from DOJ.
8. Describe how your company will maintain **current Tuberculosis (TB) clear tests** for all staff.
9. Describe your company's quality control over **personnel files** and what items are included.
10. Describe how your company will maintain a **substitute pool**, per RFP guidelines.
11. Describe how your company complies with all applicable State hiring and employee management standards, as well as all applicable union standards.

3.5 EMPLOYEE TRAINING

1. Describe how your company develops a **training curriculum**. Provide the training curriculum and schedule of training, per State guidelines in the RFP.
2. Describe your company's **Orientation process** and how you comply with ACL 10-33 and ACL 09-54, **Exhibits G & L**.
3. Describe how your company will provide **Mandated Elder Abuse Reporter** training. Provide an example of the acknowledgment you will have the employee sign.
4. Describe how your company will provide **Paramedical, and Teaching & Demonstration training** to assigned staff. Attach copies of the instructor's license and proof of qualifications, and complete the Specialized Staff Section of **Exhibit Q**.
5. Describe how your company will provide **on-going training** to home care workers.
6. Describe how your company disseminates on-going contractual skills training and industry-based best-practices to Service Coordinators (SC).

Any Bidder who wishes to have this form in electronic format may send an email request to:

dpsscontracts@riversidedpss.org please copy clholt@riversidedpss.org

Description of Services Questions #DPARC-189 In-Home Supportive Services

7. Provide a sample copy of your training sign-in sheet.
8. Describe how you get **feedback from staff** to know if your company has accomplished your company's **training/learning objectives**.
 - a. Provide the procedure and any forms by which your company would obtain **staff feedback**.
 - b. Propose what **approval percentage** your company would use to ensure that the staff attending training sessions had attained the learning objectives.

WORK PLAN

Submit a **Work Plan** describing your Implementation, Service Delivery and Case File Management to be performed, including a detailed **timeline** and phases of work including start-up phases.

3.6 IMPLEMENTATION

1. Describe how you will be able to provide services to all referred Clients beginning July 1, 2011.
2. Describe how many clients your company can **serve in the first month**.
3. Describe how your company would be able to **serve the estimated number of clients** identified by DPSS in section 2.0 of the RFP for the first year and subsequent years.
4. Describe how your **office locations and home care workers** (who must have completed state-required training and criminal background clearance) will **provide all authorized** in-home support to recipients **without break or disruption in service**.
5. Describe how your company would **identify and establish a communication process** for clients who have been identified by the DPSS as **blind or hearing impaired**.
6. Describe how your company would **transition-in IHSS referrals from DPSS for all service Clients, including "special services" Clients and "blind and/or disabled" Clients**.
7. Describe how your company would provide for the population which requires specialized **Paramedical, and Teaching & Demonstration** training during an in-coming transition period?

3.7 SERVICE DELIVERY

1. Contractors are required to serve all clients. Please list any reason that your company may request not to serve a client.
2. Describe how your company would **resolve a referral issue** if situations existed in which your company felt that they may be unable to serve a referred client's needs? (Please provide examples of situations and resolutions.)
3. List any services your company can not provide in 3.7 Service Delivery, if any.
4. Describe how your staff and HCWs will notify each client a) ahead of time, so that there are no surprise visits and b) according to each Client's communication preference.
5. Describe how your company will conduct intake of new referred clients, in general. Provide a checklist of items reviewed during initial intake.

Any Bidder who wishes to have this form in electronic format may send an email request to:

dpsscontracts@riversidedpss.org please copy clholt@riversidedpss.org

Description of Services Questions #DPARC-189 In-Home Supportive Services

6. Describe how your company will provide emergency intake services to clients within 24 hours of the referral?
7. Explain how you will conduct a home safety assessment. How does your company a) identify and b) resolve safety issues for this target population? Provide a copy of your home safety assessment sheet(s).
8. Tell us how you will Document in the Client file that each Client received key contact information including the name and telephone numbers of their Service Coordinator, their Home Care Worker, their DPSS Social Worker, and any other relevant information unique to the Client.
9. Provide a sample of your Client information form.
10. Provide a sample of your Client weekly service plan.
11. Describe how your company maintains quality assurance in **service delivery to Clients**.
12. Describe how your company will ensure 100% completion in **service delivery** as noted by In-Home and Monitoring visits and Home Safety Assessments at the following intervals: 1) Initial, 2) 30-day, and 3) Quarterly following the 30-day.

3.8 CLIENT CASE FILES

1. Describe your company's case filing system and quality assurance for IHSS client files.
2. Describe how your company trains your company's SC to maintain client files.
3. Submit a sample case narrative that shows an issue and how your company documents the issue, steps of resolution and final resolution.
4. Submit a sample client weekly service plan.

REPORTING

3.9 REPORTING

1. Describe your data collection methodology. Include the type of database system that your company uses.
2. Describe, in detail, how your company would supply all information requested in the Reporting section, as listed. Be sure to address each reporting item. Please describe how you will comply with all reporting requirements and timelines to provide complete reports, if awarded this contract.
3. Describe how your company will comply with all state reporting mandates on microfiche or CD. Describe any past experience, if applicable.
4. Provide a sample statistical report and label all required reporting fields, if available. If all required reporting fields are not currently available, then please list and describe all missing fields.

Any Bidder who wishes to have this form in electronic format may send an email request to:

dpsscontracts@riversidedpss.org please copy clholt@riversidedpss.org

**Description of Services Questions
#DPARC-189 In-Home Supportive Services**

TRANSITION CLOSE-OUT

3.10 TRANSITION CLOSE-OUT

1. Describe how your office locations, administrative staff, and home care workers will provide all authorized in-home support services to Clients without break or disruption in service until notified to discontinue services upon termination of any approved contract, for any reason.
2. Describe how your company would transition IHSS "Special services" and "Blind and/or Disabled" Clients.
3. Describe how your company would transfer all files and data to DPSS and/or new Contractor(s), as applicable, upon expiration or termination of this agreement.

COST TO COUNTY

3.11 FISCAL

1. Submit **Exhibit A – Cost Proposal Sheet**
2. Submit a detailed Budget Justification to support the unit of service cost that your company proposes.
3. Describe how costs will be controlled and properly identified to the specific tasks, while providing a high quality of services and delivery outcomes.
4. Describe how your company will bill/invoice DPSS. Include how you will reconcile served hours, as reported to DPSS, against billed hours prior to DPSS billing submissions.
5. Describe the breakdown of how the Share of Cost (SOC): a) reflects the amount on the SOC Report and b) has been deducted from the DPSS billed amount.
6. Describe how you will provide proof of client SOC obligation based on the POS system used by your agency. Identify which POS system your company uses (telephony, POS unit, and/or internet).
7. Attach a copy of a sample reconciliation sheet that will be provided to DPSS monthly with each billing. This must include a) served vs. billed hours, b) SOC deductions, and c) final DPSS billed amount.
8. Describe how your company will submit monthly billings to DPSS Special Payments Unit in the format and billing cycle compatible with the automated Case Management Information and Payroll System (CMIPS II). Include any past experience in coordinating with the CMIPS system.

Any Bidder who wishes to have this form in electronic format may send an email request to:

dpsscontracts@riversidedpss.org please copy clholt@riversidedpss.org

**Attachment Checklist
#DPARC-189 In-Home Supportive Services**

- Use this Attachment Checklist to label and order and submit your attachments. Label each attachment with the corresponding Attachment Number (#) in the upper right-hand corner of each attachment.
- For all requested exhibits, forms, sample documents, and policies and procedures, please submit each document as named below or your equivalent of the listed document. Please reference the requested document names below, if your document name differs.
- Please provide a divider of color paper or tabs for each section of attachments. (ie: 3.2 Geographic Attachments, 3.3 Administration Attachments, 3.4 Human Resource Attachments, etc...)
- Reference Description of Service Question Sheet for any details needed in attachment submission.

ATTACHMENT CHECKLIST

Attachment #	RFP Section Reference & Name of Attachment Required	Name of Your Company Document, attached to Proposal <i>(only if different from the RFP Name of Document)</i>
	3.2 Geographic Service Areas	
1	Exhibit C: Geographic Service Areas	
	3.3 Administration	
2	Policies and Procedures: Elder Abuse	
3	Policies and Procedures: Client Grievance	
4	Tracking Log: Daily Client Services	
5	Policies and Procedures: Vehicle Insurance and Vehicle Safety Inspection	
6	Policies and Procedures: Transporting Clients Safely in Vehicles	
7	Policies and Procedures: Company Safety	
8	Form – Customer Satisfaction	
	3.4 Human Resources	
9	Staffing Plan with Full Time / Part Time Ratio and SC/HCW Ratio	
10	Organization Chart	
11	Job Descriptions for all staff included in the budget/unit of cost	

Any Bidder who wishes to have this form in electronic format may send an email request to:
dpsscontracts@riversidedpss.org please copy clholt@riversidedpss.org

**Attachment Checklist
#DPARC-189 In-Home Supportive Services**

	3.5 Employee Training	
12	Training Curriculum and Schedule	
13	Form: Mandated Reporter Training Acknowledgment	
14	Copies of license and proof of credentials for Paramedical Training personnel	
15	Form: Training Sign-In Sheet	
16	Form: Staff Training Feedback	
	3.6 Business Plan	
17	Work Plan and Timeline	
	3.7 Service Delivery	
18	Checklist of items reviewed during initial intake & subsequent SC monitoring visits	
19	Form: Home Safety Assessment	
20	Form: Client Information Form	
21	Sample: Client Weekly Service Plan	
	3.8 Client Case Files	
22	Sample: Case narrative (including issue, steps of resolution and final resolution)	
	3.9 Reporting	
23	Sample statistical report, labeled	
	3.10 Proposal	
24	Exhibit A – Cost Proposal Sheet (Place in Tab J)	
25	Budget Justification to support the unit of service cost that your company proposes. <i>(Place in Tab J)</i>	
26	Sample: Reconciliation Sheet for billing (including: a) served vs. billed hours, b) SOC deductions, and c) final DPSS billed amount)	
	Other	
27	Exhibit S - Organization Data Sheet	

Any Bidder who wishes to have this form in electronic format may send an email request to: dpsscontracts@riversidedpss.org please copy clholt@riversidedpss.org

Organization Data Sheet In Home Support Services (IHSS) Agency

Date: _____

Complete all sections of this form. If not applicable, then enter "N/A"

Agency Information			
Agency Name		Agency Business Phone	
Agency Mailing Address		Agency Fax	
		Agency Website	

Primary Liaison with DPSS			
Name	Title <small>(fill in exact title)</small>	Address	Phone & Email
	Primary Liaison Title: _____		Phone Email

Other Key Contacts			
Name	Title <small>(fill in exact title)</small>	Address	Phone & Email
	Title: _____		Phone Email
	Title: _____		Phone Email
	Title: _____		Phone Email
	Title: _____		Phone Email

Special Staffing – Paramedical Training Staff

Please list Staff available to provide paramedical training and demonstration. Please attach resumes of these staff.
(Attach additional pages if necessary)

Staff Name <small>(if no current staff, put "N/A")</small>	Staff Title	List Current Licenses or N/A	Licensed in Paramedical Training? Yes or No	Passed Department of Justice Background? Yes or No	Resume attached? Yes or No

Riverside County Department of Public Social Services
 Contracts Administration Unit
 10281 Kidd Street
 Riverside, CA 92503

SERVICES CONTRACT:

CONTRACTOR:

CONTRACT TERM:

MAXIMUM REIMBURSABLE AMOUNT:

WHEREAS, the Department of Public Social Services hereinafter referred to as DPSS, desires to provide Type of Serviceservices.

WHEREAS, Vendor is qualified to provide Type of Service services:

WHEREAS, DPSS desires Vendor hereinafter referred to as the Contractor, to perform these services in accordance with the TERMS and CONDITIONS (T&C) attached hereto and incorporated herein by this reference. The T&C specify the responsibilities of DPSS and the Contractor;

NOW THEREFORE, DPSS and the Contractor do hereby covenant and agree that the Contractor shall provide said services in return for monetary compensation, all in accordance with the terms and conditions contained herein of this Contract.

Authorized Signature for County:	Authorized Signature for Vendor
Printed Name of Person Signing:	Printed Name of Person Signing:
Title:	Title:
Address: 10281 Kidd St. Riverside, CA 92503	Address:
Date Signed:	Date Signed:

TABLE OF CONTENTS

- I. DEFINITIONS..... 4
- II. OBJECTIVES..... 4
- III. DPSS RESPONSIBILITIES..... 4
- IV. CONTRACTOR RESPONSIBILITIES..... 4
 - A. SCOPE OF SERVICE..... 4
 - B. REPORTING..... 4
 - C. FISCAL..... 4
 - 1. MAXIMUM REIMBURSABLE AMOUNT..... 4
 - 2. COST RATE:Unit of Service..... 4
 - 3. CLIENT FEES..... 4
 - 4. CLIENT SHARE of COST..... 4
 - 5. CASH / IN-KIND MATCH..... 5
 - 6. METHOD, TIME AND SCHEDULE CONDITIONS OF PAYMENT..... 5
 - 7. FINANCIAL RESOURCES..... 5
 - 8. CERTIFICATION of FINANCING..... 5
 - 9. RECORDS, INSPECTIONS AND AUDITS..... 5
 - 10. SUPPLANTATION..... 6
 - 11. DISALLOWANCE..... 6
 - 12. CAPITAL EQUIPMENT..... 6
 - D. ADMINISTRATIVE..... 7
 - 1. CONFLICT OF INTEREST..... 7
 - 2. CONFIDENTIALITY..... 7
 - 3. EMPLOYMENT PRACTICES..... 7
 - 4. EQUAL EMPLOYMENT OPPORTUNITY..... 8
 - 5. FAIR LABOR STANDARDS..... 8
 - 6. CLIENT CIVIL RIGHTS..... 8
 - 7. PROCEDURE TO RESOLVE CLIENT CIVIL RIGHTS..... 8
 - 8. HOLD HARMLESS/INDEMNIFICATION..... 8
 - 9. INSURANCE..... 9
 - 10. LICENSES AND PERMITS..... 11
 - 11. INDEPENDENT CONTRACTOR..... 11
 - 12. ASSIGNMENT..... 11
 - 13. PERSONNEL..... 11
 - 14. SUBCONTRACT FOR SERVICES..... 12
 - 15. CHILD ABUSE REPORTING..... 12
 - 16. ADULT AND ELDER ABUSE REPORTING..... 12
 - 17. DEBARMENT AND SUSPENSION..... 12
 - 18. COMPLIANCE WITH RULES, REGULATIONS, REQUIREMENTS AND DIRECTIVES..... 12
 - 19. HIPAA CLAUSE..... 12
 - 20. 501(c)(3) NON-PROFIT STATUS..... 12
 - 21. CERTIFICATION REGARDING LOBBYING (over \$500)..... 13
 - 22. LOBBYING..... 13
 - 23. CUSTODIAN OF PROPERTY..... 13
 - 24. ENERGY CONSERVATION..... 13
 - 25. ENVIRONMENTAL STANDARDS..... 13
 - 26. STATE ENERGY CONSERVATIO..... 13
 - 27. REPRODUCTION AND USE OF »..... 13
 - 28. RELIGIOUS PROHIBITION..... 13
 - 29. CONTRACT TRANSITION PERIOD..... 13
- V. GENERAL..... 13
 - A. EFFECTIVE PERIOD..... 13

EXHIBIT T

B. NOTICES..... 13
C. AVAILABILITY OF FUNDING..... 14
D. DISPUTES..... 14
E. ADVERSE GOVERNMENT ACTION 14
F. SANCTIONS..... 14
G. GOVERNING LAW..... 15
H. MODIFICATION OF TERMS 15
I. TERMINATION..... 15
J. ENTIRE CONTRACT..... 15

List of Exhibits

Exhibit A- DPSS 2076A & Instructions

Exhibit B-

Exhibit C-

CONTRACT TERMS AND CONDITIONS

I. DEFINITIONS

- A. "DPSS" refers to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this Contract.
- B. Insert additional definitions if applicable.

II. OBJECTIVES

IF APPLICABLE

III. DPSS RESPONSIBILITIES

- A. Assign staff to be liaison between DPSS and the Vendor.
- B. DPSS may monitor the performance of the Vendor in meeting the terms, conditions and services in this Contract. DPSS, at its sole discretion, may monitor the performance of the Contractor through any combination of the following methods: periodic on-site visits, annual inspections, evaluations and Contractor self-monitoring.
- C. **Insert additional responsibilities if applicable.**

IV. CONTRACTOR RESPONSIBILITIES

A. SCOPE OF SERVICE

- 1. Assign staff to be liaison between the Vendor and DPSS.
- 2. **Insert Scope of Service here**

B. REPORTING

C. FISCAL

1. MAXIMUM REIMBURSABLE AMOUNT

Total payment under this Contract shall not exceed **INSERT AMOUNT HERE.**

2. COST RATE:Unit of Service

INSERT UNIT OF SERVICE RATE HERE.

3. CLIENT FEES

IF APPLICABLE

4. CLIENT SHARE of COST

IF APPLICABLE

5. CASH / IN-KIND MATCH

IF APPLICABLE

6. METHOD, TIME AND SCHEDULE CONDITIONS OF PAYMENT

AS APPLICABLE

- a. The Contractor will be paid the actual amount of each monthly invoice for payment. If the required supporting documentation or actual receipts are not provided, DPSS may delay payment until the information is received by DPSS.
- b. For months for which no reimbursement is requested, an invoice must be submitted with a "\$0" request.
- c. All completed claims must be submitted on a monthly basis no later than 30 days after the end of each month in which the services were provided. All complete claims submitted in a timely manner shall be processed within forty-five (45) calendar days.
- d. The Contractor shall submit DPSS Forms 2076A (Exhibit A) and 2076B (Exhibit B) if applicable following the instructions set forth on the "Instructions for Form 2076A" and "Instructions for Form 2076B." Exhibits A and B are attached hereto and incorporated herein by this reference for request of all payments.
- e. Each claiming period shall consist of a calendar month claiming period. Contractor Invoice estimates for May and June are due no later than the 10th of June. Actual Contractor invoices for May and June are due no later than the 30th of July.

7. FINANCIAL RESOURCES

The Contractor warrants that during the term of this Contract, the Contractor shall retain sufficient financial resources necessary to perform all aspects of its obligations, as described under this Contract. Further, the Contractor warrants that there has been no adverse material change in the Contractor, Parent, or Subsidiary business entities, resulting in negative impact to the financial condition and circumstances of the Contractor since the date of the most recent financial statements.

8. CERTIFICATION of FINANCING

IF APPLICABLE

9. RECORDS, INSPECTIONS AND AUDITS

- a. The Contractor shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this Contract. The Contractor shall maintain these records for three (3) years after final payment has been made or until all pending County, State, and Federal audits, if any, are completed, whichever is later.
- b. Any authorized representative of the County of Riverside, the State of California, and the Federal government shall have access to any books, documents, papers, electronic data, and other records, which these representatives may determine to be pertinent to this Contract, for the purpose of performing an audit, evaluation, inspection, review,

EXHIBIT T

assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right at all reasonable times to inspect or otherwise evaluate the work performed, or being performed, under this Contract and the premises in which it is being performed.

- c. This access to records includes, but is not limited to, service delivery, referral, financial, and administrative documents for three (3) years after final payment is made, or until all pending County, State, and Federal audits are completed, whichever is later.
- d. Should the Contractor disagree with any audit conducted by DPSS, the Contractor shall have the right to employ a licensed, Certified Public Accountant (CPA) to prepare and file with DPSS a certified financial and compliance audit that is in compliance with generally-accepted government accounting standards of related services provided during the term of this Contract. The Contractor shall not be reimbursed by DPSS for such an audit.
- e. In the event the Contractor does not make available its books and financial records at the location where they are normally maintained, the Contractor agrees to pay all necessary and reasonable expenses, including legal fees, incurred by DPSS in conducting such an audit.
- f. Contractors that expend \$500,000 or more in a year in Federal funding shall obtain an audit performed by an independent auditor in accordance with generally accepted governmental auditing standards covering financial and compliance audits as per the Single Audit Act of 1984 and the Single Audit Act Amendments of 1996, as per OMB Circular 133. However, records must be available for review and audit by appropriate officials of Federal, State and County agencies.

10. SUPPLANTATION

The Contractor shall not supplant any federal, state, or county funds intended for the purpose of this Contract with any funds made available under any other Contract. The Contractor shall not claim reimbursement from DPSS for, or apply any sums received from DPSS, with respect to the portion of its obligations, which have been paid by another source of revenue. The Contractor agrees that it will not use funds received pursuant to this Contract, either directly or indirectly, as a contribution or compensation for purposes of obtaining state funds under any state program or county funds under any county programs without prior approval of DPSS.

11. DISALLOWANCE

In the event the Contractor receives payment for services under this Contract which is later disallowed for nonconformance with the terms and conditions herein by DPSS, the Contractor shall promptly refund the disallowed amount to DPSS on request, or at its option, DPSS may offset the amount disallowed from any payment due to the Contractor under any contract with DPSS.

12. CAPITAL EQUIPMENT

IF APPLICABLE

D. ADMINISTRATIVE

1. CONFLICT OF INTEREST

The Contractor, Contractor's employees, and agents shall have no interest, and shall not acquire any interest, direct or indirect, which shall conflict in any manner or degree with the performance of services required under this Contract.

2. CONFIDENTIALITY

The Contractor shall maintain the confidentiality of all information and records and comply with all other statutory laws and regulations relating to privacy and confidentiality.

Each party shall ensure that case record information is kept confidential when it identifies an individual by name, address, or other information. Confidential information requires special precautions to protect it from loss, unauthorized use, access, disclosure, modification, and destruction.

The parties to this Agreement shall keep all information that is exchanged between them in the strictest confidence, in accordance with Section 10850 of the Welfare and Institutions Code. All records and information concerning any and all persons referred to the Contractor shall be considered and kept confidential by the Contractor, its staff, agents, employees and volunteers. The Contractor shall require all of its employees, agents, subcontractors and volunteer staff who may provide services under this agreement with the Contractor before commencing the provision of any such services, to maintain the confidentiality of any and all materials and information with which they may come into contact, or the identities or any identifying characteristics or information with respect to any and all participants referred to the Contractor by Riverside County.

The confidentiality of juvenile records is established under section 827 and 828 of the Welfare and Institutions Code, California Rules of Court, Rule 5.552 and case law. The Juvenile Court has exclusive jurisdiction over juvenile records and information and has the responsibility to protect the interests of minors and their families in the confidentiality of any records and information concerning minors involved in the justice system and to provide a reasonable method for release of these records and information in appropriate circumstances.

Contractor shall ensure that no person will publish, disclose, use, permit, or cause to be published, disclosed, or used, any confidential information pertaining to any applicant or recipient of services under this Agreement. The Contractor agrees to inform all persons directly or indirectly involved in administration of services provided under this Agreement of the above provisions and that any person deliberately violating these provisions is guilty of a misdemeanor.

3. EMPLOYMENT PRACTICES

- a. The Contractor shall not discriminate in its recruiting, hiring, promoting, demoting, or terminating practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex in the performance of this Contract, and to the extent they shall apply, with the provisions of the Fair Employment and Housing Act (FEHA), and the Federal Civil Rights Act of 1964 (P. L. 88-352).

EXHIBIT T

- b. In the provision of benefits, the Contractor shall certify and comply with Public Contract Code 10295.3, to not discriminate between employees with spouses and employees with domestic partners, or discriminate between the domestic partners and spouses of those employees.
- c. For the purpose of this section Domestic Partner means one of two persons who have filed a declaration of domestic partnership with the Secretary of State pursuant to Division 2.5 (commencing with Section 297) of the Family Code.

4. EQUAL EMPLOYMENT OPPORTUNITY

IF APPLICABLE

5. FAIR LABOR STANDARDS

IF APPLICABLE

6. CLIENT CIVIL RIGHTS

IF APPLICABLE

7. PROCEDURE TO RESOLVE CLIENT CIVIL RIGHTS

IF APPLICABLE

8. HOLD HARMLESS/INDEMNIFICATION

Contractor shall indemnify and hold harmless the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (individually and collectively hereinafter referred to as Indemnitees) from any liability whatsoever, based or asserted upon any services of Contractor, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Contract, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever arising from the performance of Contractor, its officers, employees, subcontractors, agents or representatives Indemnitors from this Contract. Contractor shall defend, at its sole expense, all costs and fees including, but not limited, to attorney fees, cost of investigation, defense and settlements or awards, the Indemnitees in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by Contractor, Contractor shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of COUNTY; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Contractor's indemnification to Indemnitees as set forth herein.

Contractor's obligation hereunder shall be satisfied when Contractor has provided to COUNTY the appropriate form of dismissal relieving COUNTY from any liability for the action or claim involved. The specified insurance limits required in this Contract shall in no way limit or circumscribe Contractor's obligations to indemnify and hold harmless the Indemnitees herein from third party claims.

9. INSURANCE

- a. Without limiting or diminishing the Contractor's obligation to indemnify or hold the COUNTY harmless, Contractor shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverages during the term of this Contract.

(1) Worker's Compensation:

If the Contractor has employees as defined by the State of California, the Contractor shall maintain statutory Worker's Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of The County of Riverside, and, if applicable, to provide a Borrowed Servant/Alternate Employer Endorsement.

(2) Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of Contractor's performance of its obligations hereunder. Policy shall name the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Contract or be no less than two (2) times the occurrence limit.

(3) Vehicle Liability:

If vehicles or mobile equipment are used in the performance of the obligations under this Contract, then Contractor shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Contract or be no less than two (2) times the occurrence limit. Policy shall name the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insured(s).

(4) PROFESSIONAL LIABILITY

IF APPLICABLE

- b. General Insurance Provisions – All lines:

(1) Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.

(2) The Contractor's insurance carrier(s) must declare its insurance self-insured retentions. If such self-insured retentions exceed \$500,000 per occurrence such

EXHIBIT T

retentions shall have the prior written consent of the County Risk Manager before the commencement of operations under this Contract. Upon notification of self insured retention unacceptable to the COUNTY, and at the election of the County's Risk Manager, Contractor's carriers shall either; 1) reduce or eliminate such self-insured retention as respects this Contract with the COUNTY, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.

- (3) Contractor shall cause Contractor's insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Contract shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverages set forth herein and the insurance required herein is in full force and effect. Contractor shall not commence operations until the COUNTY has been furnished original Certificate(s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on it's behalf shall sign the original endorsements for each policy and the Certificate of Insurance.
- (4) It is understood and agreed to by the parties hereto that the Contractor's insurance shall be construed as primary insurance, and the COUNTY'S insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
- (5) If, during the term of this Contract or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work which will add additional exposures (such as the use of aircraft, watercraft, cranes, etc.); or, the term of this Contract, including any extensions thereof, exceeds five (5) years the COUNTY reserves the right to adjust the types of insurance required under this Contract and the monetary limits of liability for the insurance coverages currently required herein, if; in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the Contractor has become inadequate.
- (6) Contractor shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Contract.
- (7) The insurance requirements contained in this Contract may be met with a program(s) of self-insurance acceptable to the COUNTY.
- (8) Contractor agrees to notify COUNTY of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Contract.

10. LICENSES AND PERMITS

In accordance with the provisions of the Business and Professions Code concerning the licensing of Contractors, all Contractors shall be licensed, if required, in accordance with the laws of this State and any Contractor not so licensed is subject to the penalties imposed by such laws.

The Contractor warrants that it has all necessary permits, approvals, certificates, waivers, and exemptions necessary for the provision of services hereunder and required by the laws and regulations of the United States, State of California, the County of Riverside and all other appropriate governmental agencies, and shall maintain these throughout the term of this Contract.

11. INDEPENDENT CONTRACTOR

It is understood and agreed that the Contractor is an independent contractor and that no relationship of employer-employee exists between the parties hereto. Contractor and/or Contractor's employees shall not be entitled to any benefits payable to employees of the County including, but not limited to, County Worker's Compensation benefits. County shall not be required to make any deductions for employees of Contractor from the compensation payable to Contractor under the provision of this Contract.

As an independent contractor, Contractor hereby holds County harmless from any and all claims that may be made against County based upon any contention by any third party that an employer-employee relationship exists by reason of this Contract. As part of the foregoing indemnity, the Contractor agrees to protect and defend at its own expense, including attorney's fees, the County, its officers, agents and employees in any legal action based upon any such alleged existence of an employer-employee relationship by reason of this Contract.

12. ASSIGNMENT

The Contractor shall not assign any interest in this Contract, and shall not transfer any interest in the same, whether by assignment or novation, without the prior written consent of DPSS. Any attempt to assign or delegate any interest without written consent of DPSS shall be deemed void and of no force or effect.

13. PERSONNEL

IF APPLICABLE

- a. PERSONNEL DISCLOSURE
- b. DEPARTMENT OF JUSTICE BACKGROUND CHECK
- c. REQUIRED LICENSES OR CERTIFICATES
- d. REQUIRED LEVEL OF EDUCATION
- e. ALCOHOL AND DRUG USE PROHIBITED

14. SUBCONTRACT FOR SERVICES

IF APPLICABLE

No agreements will be made by the Contractor with any party to furnish any of the services herein contained without the prior written approval of DPSS. This provision will not require the approval of agreements of employment between the Contractor and personnel assigned for services hereunder

15. CHILD ABUSE REPORTING

IF APPLICABLE

16. ADULT AND ELDER ABUSE REPORTING

IF APPLICABLE

17. DEBARMENT AND SUSPENSION

As a sub-grantee of federal funds under this Contract, the Contractor certifies that it, and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from covered transactions by a federal department or agency.
- b. Have not within a 3-year period preceding this Contract been convicted of or had a civil judgment rendered against them for the commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction; violation of Federal or State anti-trust status or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicated or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in the paragraph above; and
- d. Have not within a 3-year period preceding this Contract had one or more public transactions (Federal, State or local) terminated for cause or default.

18. COMPLIANCE WITH RULES, REGULATIONS, REQUIREMENTS AND DIRECTIVES

The Contractor shall comply with all rules, regulations, requirements, and directives of the California Department of Social Services, other applicable state agencies, and funding sources which impose duties and regulations upon DPSS, which are equally applicable and made binding upon the Contractor as though made with the Contractor directly.

19. HIPAA CLAUSE

IF APPLICABLE

20. 501(c)(3) NON-PROFIT STATUS

IF APPLICABLE

21. CERTIFICATION REGARDING LOBBYING (over \$500)

IF APPLICABLE

22. LOBBYING

IF APPLICABLE

23. CUSTODIAN OF PROPERTY

IF APPLICABLE

24. ENERGY CONSERVATION

IF APPLICABLE

25. ENVIRONMENTAL STANDARDS

IF APPLICABLE

26. STATE ENERGY CONSERVATIO

IF APPLICABLE

27. REPRODUCTION AND USE OF »

IF APPLICABLE

28. RELIGIOUS PROHIBITION

IF APPLICABLE

29. CONTRACT TRANSITION PERIOD

IF APPLICABLE

V. GENERAL

A. EFFECTIVE PERIOD

This Contract is effective Start Date to End Date, with Number of Contract Renewals one-year renewal options.

B. NOTICES

All notices, claims, correspondence, and/or statements authorized or required by this Contract shall be addressed as follows:

DPSS: Department of Public Social Services
Contracts Administration Unit
P.O. Box 7789
Riverside, CA 92513

VENDOR: Vendor
legal_contact_s.contact_title
legal_contact_s.address
legal_contact_s.city
legal_contact_s.state
contact_s.zip

All notices shall be deemed effective when they are made in writing, addressed as indicated above, and deposited in the United States mail. Any notices, correspondence, reports and/or statements authorized or required by this Contract, addressed in any other fashion will not be acceptable, except invoices and other financial documents, which must be addressed to:

Department of Public Social Services
Fiscal/Management Reporting Unit
4060 County Circle Drive
Riverside, CA 92503

C. AVAILABILITY OF FUNDING

DPSS' obligation for payment of any Contract is contingent upon the availability of funds from which payment can be made.

D. DISPUTES

Except as otherwise provided in this Contract, any dispute concerning a question of fact arising under this Contract, which is not disposed by Contract, shall be disposed by DPSS which shall furnish the decision in writing. The decision of DPSS shall be final and conclusive until determined by a court of competent jurisdiction to have been fraudulent or capricious, arbitrary, or so grossly erroneous as necessarily to imply bad faith. The Contractor shall proceed diligently with the performance of the Contract pending DPSS' decision.

E. ADVERSE GOVERNMENT ACTION

IF APPLICABLE

F. SANCTIONS

Failure by the contractor to comply with any of the provisions covenants, requirements, or conditions of this Contract including, but not limited to, reporting and evaluation requirements, shall be a material breach of this Contract. In such event, DPSS may immediately terminate this Contract and may take other remedies available by law, or otherwise specified in this Contract. DPSS may also:

1. Afford the Contractor a time period within which to cure the breach, the period of which shall be established at the sole discretion of DPSS; and/or
2. Discontinue reimbursement to the Contractor for, and during the period in which the Contractor is in breach, the reimbursement of which the Contractor shall not be entitled to recover later; and/or
3. Withhold funds pending a cure of the breach; and/or

4. Offset against any monies billed by the Contractor but yet unpaid by DPSS. DPSS shall give the Contractor notice of any action pursuant to this paragraph, the notice of which shall be effective when given.

G. GOVERNING LAW

This Contract shall be construed and interpreted according to the laws of the State of California. Any legal action related to the interpretation or performance of this Contract shall be filed only in the appropriate courts located in the County of Riverside, State of California. Should action be brought to enforce or interpret the provisions of the Contract, the prevailing party shall be entitled to attorney's fees in addition to whatever other relief are granted.

H. MODIFICATION OF TERMS

No addition to or alteration of the terms of this Contract, whether by written or verbal understanding of the parties, their officers, agents, or employees shall be valid unless made in writing and formally approved and executed by both parties. Requests to modify fiscal provisions shall be submitted no later than April 1.

I. TERMINATION

This Agreement may be terminated without cause by either party by giving thirty (30) days written notification to the other party. In the event DPSS elects to abandon, indefinitely postpone, or terminate the Agreement, DPSS shall make payments for all services performed up to the date that written notice was given in a prorated amount.

J. ENTIRE CONTRACT

This Contract constitutes the entire Contract between the parties hereto with respect to the subject matter hereof, and all prior or contemporaneous Contracts of any kind or nature relating to the same shall be deemed to be merged herein.

IF APPLICABLE

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC SOCIAL SERVICES

CONTRACTOR PAYMENT REQUEST

Exhibit Number:

To: Riverside County
Department of Public Social Services
Attn: Management Reporting Unit
4060 County Circle Drive
Riverside, CA 92503

From: Vendor
Remit to Name
legal contact s.address
Address
legal contact s.city
City State Zip Code
Vendor
Contractor Name
document number
Contract Number

Total amount requested _____ for the period of _____ 20

Select Payment Type(s) Below:

- Advance Payment \$ _____
(if allowed by Contract/MOU)
- Actual Payment \$ _____
(Same amount as 2076B if needed)
- Unit of Service Payment \$ _____ # of Units) X (\$) _____
- _____ # of Units) X (\$) _____ # of Units) X (\$) _____
- _____ # of Units) X (\$) _____ # of Units) X (\$) _____

Any questions regarding this request should be directed to: _____
Name Phone Number

I hereby certify under penalty of perjury that to the best of my knowledge the above is true and correct

Authorized Signature Title Date

FOR DPSS USE ONLY (DO NOT WRITE BELOW THIS LINE)

Business Unit (5)	Purchase Order # (10)	Invoice #
Account (6)	Amount Authorized	
Fund (5)	If amount authorized is different from amount request, please explain:	
Dept ID (10)		
Program (5)	Program (if applicable)	Date
Class (10)	Management Reporting Unit	Date
Project/Grant (15)	Contracts Administration Unit	Date
Vendor Code (10)	General Accounting Section	Date

DEPARTMENT OF PUBLIC SOCIAL SERVICES FORMS

Mailing Instructions: When completed, these forms will summarize all of your claims for payment. Your Claims Packet will include **DPSS 2076A, 2076B** (if required). invoices, payroll verification, and copies of canceled checks attached, receipts, bank statements, sign-in sheets, daily logs, mileage logs, and other back-up documentation needed to comply with Contract/MOU.

Mail Claims Packet to address shown on upper left corner of DPSS 2076A.
[see method, time, and schedule/condition of payments].
(Please type or print information on all DPSS Forms.)

DPSS 2076A
CONTRACTOR PAYMENT REQUEST

"Remit to Name"

The legal name of your agency.

"Address"

The remit to address used when this contract was established for your agency. **All address changes must be submitted for processing prior to use.**

"Contractor Name"

Business name, if different than legal name *(if not leave blank)*.

"Contract Number"

Can be found on the first page of your contract.

"Amount Requested"

Fill in the total amount and billing period you are requesting payment for.

"Payment Type"

Check the box and enter the dollar amount for the type(s) of payment(s) you are requesting payment for.

"Any questions regarding..."

Fill in the name and phone number of the person to be contacted should any questions arise regarding your request for payment.

"Authorized Signature, Title, and Date (Contractor's)"

Self-explanatory (required). **Original Signature needed for payment.**

EVERYTHING BELOW THE THICK SOLID LINE IS FOR DPSS USE ONLY AND SHOULD BE LEFT BLANK.

**Riverside County Board of Supervisors
Request to Speak**

Submit request to Clerk of Board (right of-podium),
Speakers are entitled to three (3) minutes, subject
Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: Susan Koen

DPSS

Address: _____
(only if follow-up mail response requested)

City: _____ **Zip:** _____

Phone #: _____

Date: 11-30-10 **Agenda #** 3.48

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

X **Support** _____ **Oppose** _____ **Neutral**

Correction

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
the appeal below:

_____ **Support** _____ **Oppose** _____ **Neutral**

I give my 3 minutes to: _____

**11-30-10
3.48**