

FORM APPROVED COUNTY COUNSEL
BY: GREGORY P. PRIAMOS DATE: 12/24/15

Departmental Concurrence

PURCHASING & FLEET SERVICES: Lisa Brandl, Director

☐ A-30 ☐ Positions Added ☐ Change Order ☐ 4/5 Vote

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

924



FROM: Department of Public Social Services (DPSS)

SUBMITTAL DATE:
December 8, 2015

SUBJECT: Approve and Execute the Agreement #CW-03174 with Foster Assessment Center and Testing Service, Inc. (FACTS) for Learning Disability Evaluation and Diagnosis Services on behalf of DPSS for three years. Districts All; [\$676,908 total]; Federal Funding: 90.79%; County Funding: 9.21%

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and authorize the Chair of the Board to sign Agreement #CW-03174 with FACTS for Learning Disability Evaluation and Diagnosis which covers the period upon execution to June 30, 2018, with the annual amounts not to exceed:
 - FY 15/16 \$219,000
 - FY 16/17 \$225,570
 - FY 17/18 \$232,338
2. Authorize the Purchasing Agent, in accordance with Ordinance No. 459, to sign amendments that do not change the substantive terms of the Agreement, including amendments to the compensation provision that do not exceed a 10% contingency, based on the availability of fiscal funds for required services as approved to form by County Counsel.

slh

Susan von Zabern
Susan von Zabern
Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 219,000	\$ 225,570	\$ 676,908	\$ 0.00	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 20,170	\$ 20,775	\$ 62,343	\$ 0.00	
SOURCE OF FUNDS: Federal Funding: 90.79%; County Funding: 9.21%; Realignment Funding: 0%;				Budget Adjustment: No	
				For Fiscal Year: 15/16 – 17/18	

C.E.O. RECOMMENDATION:

APPROVE

BY: Jennifer L. Sargent

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Jeffries and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
Nays: None
Absent: None
Date: December 8, 2015
xc: DPSS, Purchasing

Kecia Harper-Ihem
Clerk of the Board
By: [Signature]
Deputy

Prev. Agn. Ref.: none

District: All

Agenda Number:

3-38

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FORM 11: Approve and Execute the Agreement #CW-03174 with Foster Assessment Center and Testing Service, Inc. (FACTS) on behalf of DPSS for Learning Disability Evaluation and Diagnosis Services, for three years. Districts All; [\$676,908 total]; Federal Funding: 90.79%; County Funding: 9.21%

DATE: December 8, 2015

PAGE: Page 2 of 3

BACKGROUND:

The California Department of Social Services (CDSS) regulations in the Manual of Policy and Procedures (MPP) 42-711.58 states that counties must offer all Welfare-to-Work (WTW) participants a screening for any potential learning disabilities at the first WTW contact. WTW Participants who request or agree to a learning disabilities screening at any time during their WTW participation, must be screened by the County before they are assigned to another WTW activity. Participants whose screening indicates a potential learning disability must be evaluated by a trained, qualified learning disabilities evaluation professional that uses recognized and validated evaluation tools. The professional will determine if a learning disability exists, and if so, will recommend work activity accommodation(s) that are appropriate to assist the individual in attaining employment leading to self-sufficiency.

By providing appropriate work activity accommodations which are identified during the learning disability evaluation, individuals with a learning disability(s) can be taught to use their strengths; and to find ways and methods making it easier to learn and be more successful at school and/or on the job.

The Director of DPSS requests the Board to approve the attached Agreement #CW-03174 with FACTS as the lowest and most responsive bidder and awarding them for the services of learning disability and evaluation diagnosis for WTW participants.

Impact on Residents and Businesses

These services will be provided throughout Riverside County assisting WTW participants in an effort for them to achieve self-sufficiency by meeting their needs of gaining employment which will ultimately benefit both businesses and citizens of the community.

SUPPLEMENTAL:

Additional Fiscal Information

Funding for this Agreement was budgeted through the normal County budgeting process. 100% of funds come from Federal and County sources. Funds for this Agreement have been allocated for the FY 15/16 budget. No budget adjustment is necessary. The following annual costs were submitted by the proposer for Fiscal Years 15/16, 16/17, and 17/18.

FY 15/16	\$219,000
FY 16/17	\$225,570
FY 17/18	\$232,338
Total	\$676,908

Contract History and Price Reasonableness

On April 30, 2015, Purchasing on behalf of DPSS released a Request for Proposal (RFP) #DPARC-452 for Learning Disability Evaluation and Diagnosis Services. The RFP was posted on the County Purchasing website and fifteen vendors accessed the RFP documents. The RFP closed on May 27, 2015, with responses from two (2) vendors, FACTS and Smooth Transitions.

The proposals were reviewed by an evaluation team consisting of personnel from Purchasing and the Self Sufficiency Program of the Department of Public Social Services. The evaluation team reviewed and scored each proposal based on the bidder's Response to Attachment A "Scope of Work", quantity and location of facilities, Bidder's experience and ability, technical capacity and project methodology, overall cost to the County, references with demonstrated success with similar work to the Scope of Service, financial status, clarifications, exceptions of deviations, credential/resumes/licenses/certifications, and samples submitted. The bid range was \$219,000 to \$243,000 from both proposals.

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FORM 11: Approve and Execute the Agreement #CW-03174 with Foster Assessment Center and Testing Service, Inc. (FACTS) on behalf of DPSS for Learning Disability Evaluation and Diagnosis Services, for three years. Districts All; [\$676,908 total]; Federal Funding: 90.79%; County Funding: 9.21%

DATE: December 8, 2015

PAGE: Page 3 of 3

The evaluation committee recommends that the award be given to Fosters Assessment Center and Testing Service, Inc. (FACTS) was selected as the lowest responsive/responsible vendor; submitting an annual cost that shall not exceed \$219,000 in year one, \$225,570 year two and \$232,338 in year three.

SvZ:lm

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

AGREEMENT: CW-03174

CONTRACTOR: Foster Assessment Center & Testing Service, Inc. (FACTS)

EFFECTIVE: Upon Execution - June 30, 2018

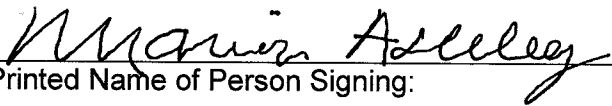
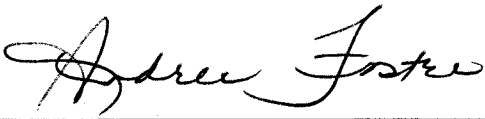
MAXIMUM REIMBURSABLE AMOUNT: \$ 676,908

WHEREAS, the County of Riverside, Department of Public Social Services, (hereinafter referred to as the "County and or "DPSS") desires to provide Learning Disability Evaluation and Diagnosis;

WHEREAS, Foster Assessment Center & Testing Service, Inc. (FACTS) (hereinafter referred to as the "Contractor") is qualified to provide Learning Disability Evaluation and Diagnosis;

WHEREAS, DPSS desires Foster Assessment Center & Testing Service, Inc. (FACTS), 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 and exhibits attached hereto and incorporated herein (hereinafter referred to as an "Agreement").

Authorized Signature for County:	Authorized Signature for Foster Assessment Center & Testing Service, Inc. (FACTS)
	
Printed Name of Person Signing:	Printed Name of Person Signing:
Marion Ashley	Andrea Foster
Title:	Title:
Chair, Board of Supervisors	Chief Executive Officer
Address:	Address:
4080 Lemon St Riverside, CA 92501	516 Pennsfield Place Suite #108 Thousand Oaks, CA 91360
Date Signed:	Date Signed:
DEC 08 2015	11/09/15

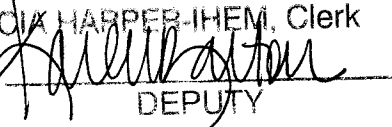
ATTEST:
KECIA HARPER-JHEM, Clerk
By  DEPUTY

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List of Exhibits:

Exhibit A- DPSS Referral Form Plan 109 CIV
Exhibit B-Learning Needs Screen Form (OCAT printout)
Exhibit C- Sample FACTS Learning Disability Evaluation Report
Exhibit D- DPSS 2076A
Exhibit E- Assurance of Compliance
Exhibit F- HIPAA Business Associate Agreement
Exhibit G - Medi-Cal Data Privacy and Security Agreement

TERMS AND CONDITIONS

I. DEFINITIONS

- A. "Contractor" refers to Foster Assessment Center & Testing Service, Inc. (FACTS) and its employees, agents and representatives providing services under this Agreement.
- B. "DPSS and/or County" refers to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this Agreement.
- C. "Subcontract" refers to any contract, purchase order, or other purchase agreement, including modifications and change orders to the foregoing, entered into by the Contractor with a subcontractor to furnish supplies, materials, equipment, and services for the performance of any of the terms and conditions contained in this Agreement.
- D. "Subcontractor" means any supplier, vendor, or firm that furnishes supplies, materials, equipment, or services to or for the Contractor or another subcontractor.
- E. "Welfare-to-Work (WTW)": refers to California's Welfare to Work (WTW) program designed to assist welfare recipients/participants to obtain or prepare for employment
- F. "CalWORKs" refers to the California Work Opportunity and Responsibility to Kids program established in 1996 through California Assembly Bill No. 1542, which provides funding and administration of social service programs that provide cash assistance and other benefits to qualified low-income families throughout the state.
- G. "Referral Form - Plan 109 CIV" - is the form used by DPSS CalWORKs case managers to refer clients to Contractor for Learning Disability Evaluations.
- H. "Diagnosis" refers to the formal identification of the specific nature of a learning disability and/or co-existing disorder that could extend beyond the testing and measuring of intelligence, information processing, achievement, and vocational interests that are associated with a learning disabilities evaluation.
- I. "Evaluation" refers to the process of identifying learning disabilities and/or co-existing disorders using validated testing instruments and other methodologies to determine if learning disabilities exist.
- J. "LD (Learning Disability)" refers to a heterogeneous group of disorders manifested by significant difficulties in acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities.
- K. "OCAT" is the Online CalWORKs Appraisal Tool designed to equip DPSS caseworkers with an in-depth appraisal of employment-related strengths and barriers.

II. OBJECTIVES –

- a. Welfare-to-Work (WTW) participants will receive information on resources available to assist them in becoming self-sufficient based on their learning disability.

III. DPSS RESPONSIBILITIES

- A. Assign staff to be the liaison between DPSS and the Contractor.

- B. DPSS may monitor the performance of the Contractor in meeting the terms, conditions and services in this Agreement. 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. Refer clients to the Contractor via e-mail, fax, or in person utilizing the Plan 109 CIV form (Exhibit A) and OCAT printout (Exhibit B) for Learning Disability Evaluation and/or diagnosis.

IV. CONTRACTOR RESPONSIBILITIES

A. SCOPE OF SERVICE

1. Assign staff to be the liaison between the Contractor and DPSS.
2. The contractor shall provide comprehensive learning disability evaluations and diagnosis, when required, to referred Welfare-to-Work (WTW) program participants upon receipt of a written referral (Plan 109 CIV form – **Exhibit A and OCAT printout – Exhibit B – Sections A4 – B5 & Appraisal Summary and Recommendations Report**) sent via fax, e-mail, or in-person from a DPSS case manager within ten (10) business days of the referral. A minimum of three (3) confirmed (participant has confirmed all childcare/transportation, etc. is arranged and they will attend) referrals are required prior to scheduling DPSS testing space and learning disability/contractor staff.
3. Contractor shall determine appropriate work activity accommodations for participants with learning disabilities.
4. Contractor shall provide identification of local educational, training, and learning disability resources available to assist WTW participant in being more successful at school and/or on the job.
5. The Contractor shall make recommendations if a full and complete diagnosis is required. Diagnoses are estimated to be required in approximately one percent (1%) of referrals.
6. At the effective date of this Agreement, the Contractor must possess the below listed specified educational qualifications for evaluating and/or diagnosing learning disabilities.
 - a. Evaluators/diagnosticians are required to possess the following minimum qualifications:
 - i. Possession of a master's degree, in rehabilitation counseling, or
 - ii. Possession of a master's degree, in special education, and twenty four (24) or more semester units in upper division or graduate level course work in counseling, guidance, student personnel, or psychology, or social work; or
 - iii. A master's degree in counseling, guidance, student personnel, psychology, or career development; and either twelve (12) or more semester units in upper division or graduate level course work specifically in counseling or rehabilitation of individuals with disabilities, and experience in one or more of the following:
 1. Counseling or guidance for students with disabilities; or
 2. Counseling and/or guidance in industry, government, public agencies, military or private social welfare organizations in which the responsibilities of the position were predominantly or exclusively for persons with disabilities.
 - iv. Evaluators/Diagnosticians must have experience in testing, assessing and

- diagnosing learning disabilities.
 - v. Must be qualified to conduct tests to identify Learning Disabilities.
 - vi. Diagnosticians must be trained on assessing and diagnosing learning disabilities.
7. Contractor must perform testing to identify learning disabilities and/or co-existing disorders using only **validated** testing instruments to measure suspected learning disabilities. The testing instruments shall measure the WTW participant's intelligence, aptitudes/information processing and achievement. Validated testing instruments must be recognized and validated per California Department of Social Services (CDSS) All County Letter (ACL) 01-70.
 8. The Contractor shall provide tools and evaluations/diagnosis in each WTW participant's primary language.
 - a. If no recognized and validated evaluation tools exist in the WTW participant's primary language, the Contractor must provide appropriate proficient bilingual and/or bicultural staff as needed to conduct testing and diagnosis. The Contractor must determine if a learning disability exists through:
 - i. The use of other evaluation tools that may provide pertinent information; and
 - ii. Discussion tailored to the WTW participant's cultural background with observations of the participant.
 9. Contractor shall provide services in locations and at times that are accessible and convenient to WTW participants. DPSS Office space may be used by Contractor to perform learning disability evaluation and diagnosis services to WTW participants, based on office space availability. DPSS office space will need to be scheduled in advance with individual Self Sufficiency offices. Contact information to be provided by DPSS.

B. REPORTING

1. The Learning Disability Evaluation Report (see sample report – **Exhibit C**), at a minimum, shall include the following core information: goals, objectives, outcomes, core information; which includes:
 - a. Participant's name and CalWorks case number
 - b. Date participant was tested
 - c. List of tests administered to the participant
 - d. Scores and interpretations of any and all tests administered to the participant
 - e. Identification of the participants specific type of learning disability
 - f. Relevant vocational/educational background and history;
 - g. General aptitude/cognitive level;
 - h. Other issues, such as, physical/mental problems;
 - i. Areas of strength;
 - j. Areas of deficiency; and
 - k. A summary of the participant's condition and service needs including:
 - i. severity of disability;
 - ii. areas of potential impact, including employment and participation in welfare-to-work activities;

- iii. rationale for learning disabilities determination/diagnosis;
 - iv. recommendations for additional services, as appropriate;
 - v. if identified, any suspected conditions other than a learning disability so that the county can make the appropriate referral; and Range of recommended accommodations/assistive technology to be included in the participant's welfare-to-work plan;
 - vi. Identification of local resources to assist recipients;
 - vii. Vocational recommendations;
 - viii. Documentation of accommodation/assistive technology needs for other purposes (e.g., driver's license exam, GED exam);
 - ix. Discussion of participant's short/long-term employment goals and general/specific vocational recommendations to the extent that the evaluator is qualified to address these issues;
 - x. If identified, any suspected conditions other than a learning disability so that the county can make appropriate referral; and
 - xi. Range of recommended accommodations/assistive technology to be included on the participant's employment plan.
2. Contractor shall submit completed Learning Disability Evaluation and Diagnosis Reports via both e-mail to DARTrpts@riversidedpss.org.

C. FISCAL

1. MAXIMUM REIMBURSABLE AMOUNT

Total payment under this Agreement shall not exceed (see tables below):

2. UNIT OF SERVICE COST RATE

FY 15/16	
Service	Cost per Unit
Partial Evaluation	\$ 355.00
Full Evaluation	\$ 710.00
Diagnosis	\$2,000.00
Year 1 FY 15-16 Not to Exceed	\$ 219,000
<i>*if more than 3 diagnosis are required annually, permission for the additional service must be obtained by DPSS</i>	

FY 16/17	
Service	Cost per Unit
Partial Evaluation	\$ 366.00
Full Evaluation	\$ 731.30
Diagnosis	\$2,060.00
Year 2 FY 16-17 Not to Exceed	\$ 225,570
<i>*if more than 3 diagnosis are required annually, permission for the additional service must be obtained by DPSS</i>	

FY 17/18	
Service	Cost per Unit
Partial Evaluation	\$ 377.00
Full Evaluation	\$ 753.24
Diagnosis	\$2,122.00
Year 3 FY 17/18 Not to Exceed	\$ 232,338
<i>*if more than 3 diagnosis are required annually, permission for the additional service must be obtained by DPSS</i>	

3. METHOD, TIME AND SCHEDULE CONDITIONS OF PAYMENT

- a. The Contractor will be paid the actual amount of each monthly invoice for payment. If the required supporting documentation is not provided, DPSS may delay payment until the information is received by DPSS.
- b. 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.
- c. The Contractor shall submit DPSS Forms 2076A, **Exhibit D**, following the instructions set forth. **Exhibit D** is attached hereto and incorporated herein by this reference for request of all payments.
- d. Contractor shall include evidence of service, by attaching the completed Plan 109 CIV Form and to the 2076A, **Exhibit D**

Circular A-133. However, records must be available for review and audit by appropriate officials of Federal, State and County agencies.

6. SUPPLANTATION

The Contractor shall not supplant any federal, state, or County funds intended for the purpose of this Agreement with any funds made available under any other Agreement. 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 Agreement, 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.

7. DISALLOWANCE

In the event the Contractor receives payment for services under this Agreement 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 agreement with DPSS.

8. CLIENT FEES

Clients receiving services under this Agreement shall not be charged any additional fees.

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 Agreement.

2. CONFIDENTIALITY

In accordance to Welfare and Institutions Code 10850, 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.

- 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 first (1st) Friday of June. Actual Contractor invoices for May and June are due no later than the 30th of July.

4. FINANCIAL RESOURCES

The Contractor warrants that during the term of this Agreement, the Contractor shall retain sufficient financial resources necessary to perform all aspects of its obligations, as described under this Agreement. 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.

5. RECORDS, INSPECTIONS AND AUDITS

- a. The Contractor shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this Agreement. 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 Agreement, for the purpose of performing an audit, evaluation, inspection, review, 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 Agreement 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 Agreement. 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

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. HOLD HARMLESS/INDEMNIFICATION

Contractor agrees to indemnify and hold harmless County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives 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 Agreement, including but not limited to property damage, bodily injury, death, or any other element of any kind or nature whatsoever arising from the performance of Contractor, its officers, agents, employees, subcontractors, agents or representatives from this Agreement. 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, of County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents or representatives 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 choice, subject to the approval of County, which shall not be unreasonably withheld, 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 County as set forth herein. Contractor's obligation to defend, indemnify and hold harmless County shall be subject to County having given Contractor written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at Contractor's expense, for the defense or settlement thereof. 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 Agreement shall in no way limit or circumscribe Contractor's obligations to indemnify and hold harmless County herein from third party claims.

In the event there is conflict between this clause and California Civil Code §2782, this clause shall be interpreted to comply with Civil Code §2782. Such interpretation shall not relieve the Contractor from indemnifying County to the fullest extent allowed by law.

4. 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 coverage's during the term of this Agreement. As respects to the insurance section only, the County herein refers to 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.

(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 as additional Insured. 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 Agreement 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 Agreement, 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 Agreement or be no less than two (2) times the occurrence limit. Policy shall name the County as additional Insured.

(4) Professional Liability:

If, at any time during the duration of this Agreement and any renewal or extension thereof, the Contractor, its employees, agents or subcontractors provide professional counseling for issues of medical diagnosis, medical treatment, mental health, dispute resolution or any other services for which it is the usual and customary practice to maintain Professional Liability Insurance, the Contractor shall procure and maintain Professional Liability Insurance (Errors & Omissions), providing coverage for performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If Contractor's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement. Upon termination of this Agreement or the expiration or cancellation of the claims made insurance policy Contractor shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage); or, 2) Prior Dates Coverage from a new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificates of Insurance that Contractor has maintained continuous coverage with the same or original insurer. Coverage provided under items 1), 2) or 3) will continue for a period of five (5) years beyond the termination of this Agreement.

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 retentions shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. 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 Agreement 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 Agreement 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 its 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 Agreement 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 Agreement, including any extensions thereof, exceeds five (5) years the County reserves the right to adjust the types of insurance required under this Agreement 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 Agreement.

(7) The insurance requirements contained in this Agreement 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 Agreement.

5. 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 Agreement.

6. 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 Agreement.

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 Agreement. 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 Agreement.

7. ASSIGNMENT

The Contractor shall not assign any interest in this Agreement, 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.

8. PERSONNEL

a. Upon request by DPSS, the Contractor agrees to make available to DPSS a current list of personnel that are providing services under this Agreement who have contact with children or adult clients. The list shall include:

- (1) All staff who work full or part-time positions by title, including volunteer positions; and
- (2) A brief description of the functions of each position and hours each position worked; and
- (3) The professional degree, if applicable and experience required for each position.

DPSS has the sole discretion to approve or not approve any person on the Contractor's list that has been convicted of any crimes involving sex, drugs or violence, or who is known to have a substantiated report of child abuse, as defined in Penal Code Section 11165.12, who occupy positions with supervisory or disciplinary power over minors, or who occupies supervisory or teaching positions over adult clients. DPSS shall notify the Contractor in writing of any person not approved, but to protect client confidentiality, may not be able to disclose the reason(s) for non-approval. Upon notification, the Contractor shall immediately remove that person from providing services under this Agreement.

b. Background Checks

Conduct criminal background records checks on all employees, subcontractors, and volunteers providing services under this Agreement. Prior to these individuals providing services to clients, the Contractor shall have received a criminal records clearance from the State of California Department of Justice (DOJ). A signed certification of such clearance shall be retained in each individual's personnel file.

c. Alcohol and Drug Use Prohibited

As a material condition of this Agreement, the Contractor agrees that the Contractor and its employees, while performing services for DPSS:

Shall not be in any way impaired because of being under the influence of alcohol or drugs.

- (1) Shall not possess an open container of alcohol or consumer alcohol or possess or be under the influence of an illegal drug.
- (2) Shall not sell, offer, or provide alcohol or an illegal drug to another person. This provision shall not be applicable to the Contractor or its employee who, as part of the performance of normal job duties and responsibilities, prescribes or administers medically prescribed drugs.

DPSS may terminate for default or breach of this Agreement, if the Contractor or its employees are determined by DPSS not to be in compliance with the conditions in this section.

9. SUBCONTRACT FOR SERVICES

a. The Contractor shall not enter into any subcontract with any subcontractor/resource who:

- (1) is presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from covered transactions by a federal department or agency.
- (2) has within a 3-year period preceding this Agreement 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;

(3) is 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

(4) has within a 3-year period preceding this Agreement had one or more public transactions (Federal, State, or local) terminated for cause or default.

- b. The Contractor shall be as fully responsible for the acts or omissions of its subcontractors, and of persons either directly or indirectly employed by them as for the acts or omissions of persons directly employed by the Contractor.
- c. The Contractor shall insert appropriate clauses in all subcontracts to bind subcontractors to the terms and conditions of this Agreement insofar as they are applicable to the work of subcontractors.
- d. Nothing contained in this Agreement shall create any contractual relationship between any subcontractor and 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.

10. DEBARMENT AND SUSPENSION

As a sub-grantee of federal funds under this Agreement, 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 Agreement 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 Agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

11. COMPLIANCE WITH RULES, REGULATIONS 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.

12. 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 Agreement, 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).

- b. In the provision of benefits, the Contractor shall certify and comply with Public Agreement 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.

13. EQUAL EMPLOYMENT OPPORTUNITY

By signing this Agreement or accepting funds under this Agreement, the Contractor shall comply with Executive Order 11246 of September 24, 1965, entitled "Equal Employment Opportunity", as amended by Department of Labor regulations (41 CFR Chapter 60).

14. FAIR LABOR STANDARDS ACT

- a. The hourly rate may be adjusted to reflect increases or decreases by the Contractor in wages and fringe benefits to the extent that these increases or decreases are made to comply with:

An increased or decreased wage determination applied to this Agreement by operation of law;

- (1) An amendment to the Fair Labor Standards Act of 1938 that is enacted subsequent to award of this Agreement, affects the minimum wage, and becomes applicable to this Agreement under law;
- (2) Any such adjustment will be limited to increases or decreases in wages and fringe benefits, and to the accompanying increases or decreases in social security and unemployment taxes and worker's compensation insurance; it shall not otherwise include any amount for general and administrative costs, overhead, or profit;

- b. The Contractor shall notify the DPSS Contracts Administration unit of any:

- (2) Increase claimed under this clause within thirty (30) days after the effective date of the wage change, unless the period is extended by the DPSS Contracts Administration unit in writing; and/or
- (3) Decrease under this clause, but nothing in the clause shall preclude DPSS from asserting a claim within the period permitted by law. The notice shall contain a statement of the amount claimed and any relevant supporting data that the DPSS Contracts Administration Unit may reasonably require. Upon agreement of the parties, the Agreement hourly rate shall be modified in writing. The Contractor shall continue performance pending agreement on determination of any such adjustment and its effective date.

15. CLIENT CIVIL RIGHTS COMPLIANCE

a. Assurance of Compliance

The Contractor shall complete the Vendor Assurance of Compliance with Riverside County Department of Public Social Services Non-Discrimination in State and Federally Assisted Programs, attached hereto as **Exhibit E** and incorporated herein by this reference. The Contractor will sign and date **Exhibit E** and return it to DPSS along with the executed Agreement. The Contractor shall ensure that the administration of public assistance and social service programs are non-discriminatory. To the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance.

b. Client Complaints

The Contractor shall further establish and maintain written referral procedures under which any person, applying for or receiving services hereunder, may seek resolution from Riverside County DPSS Civil Rights Coordinator of a complaint with respect to any alleged discrimination in the provision of services by Contractor's personnel. The Contractor must distribute to social service clients that apply for and receive services, "Your Rights Under California Welfare Programs" brochure (Publication 13). For a copy of this brochure, visit the following website at:

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/pub13.pdf>

Civil Rights Complaints should be referred to:

Civil Rights Coordinator
Riverside County Department of Public Social Services
10281 Kidd Street
Riverside, CA 92503
(951) 358-3030

c. Services, Benefits and Facilities

Contractor shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of color, race, religion, national origin, sex, age, sexual preference, physical or mental handicap in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist or be hereafter amended or changed.

For the purpose of this Section, discrimination means denying a participant or potential participant any service, benefit, or accommodation that would be provided to another and includes, but is not limited to, the following:

- (1) Denying a participant any service or benefit or availability of a facility.
- (2) Providing any service or benefit to a participant which is different, or is provided in a different manner, or at a different time or place from that provided to other participants on the basis of race, color, creed or national origin.

- (3) Restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit. Treating a participant differently from others in satisfying any admission requirement or condition, or eligibility requirement or condition, which individuals must meet in order to be provided any service or benefit.

d. Cultural Competency

Contractor shall cause to be available bilingual professional staff or qualified interpreter to ensure adequate communication between clients and staff. Any individual with limited English language capability or other communicative barriers shall have equal access to services.

For the purpose of this Section, a qualified interpreter is defined as someone who is fluent in English and in the necessary second language, can accurately speak, read and readily interpret the necessary second language and/or accurately sign and read sign language. A qualified interpreter must be able to translate in linguistically appropriate terminology necessary to convey information such as symptoms or instructions to the client in both languages.

16. PROCEDURE TO RESOLVE CLIENT GRIEVANCE

Contractor shall establish a Client grievance policy and procedure that describes the system by which clients of service shall have the opportunity to express and have considered their views, grievance, and complaints regarding the Contractor's delivery of services. This system shall not negate the rights of a client for a State hearing.

17. HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA)

Under the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. 1320d et seq. and its 162, and 164 ("Privacy Rule and Security Rule"), the Contractor must comply with the Security Rule as a Business Associate, if under this Agreement, it receives, maintains or transmits any health information in electronic form in connection with a transaction covered by part 162 of Title 45 of the Code of Federal Regulations.

The County and Contractor acknowledge that HIPAA mandates them to comply as business associates in order to safeguard protected health information that may be accessed during the performance of this Agreement. The parties agree to the terms and conditions set forth from the County of Riverside Board of Supervisors Policy No. B-23 and the HIPAA Business Associated Agreement with County of Riverside DPSS as attached hereto as **Exhibit F**.

All social service privacy complaints should be referred to:

Department of Public Social Services
HR/Administrative Compliance Services Unit
10281 Kidd Street
Riverside, CA 92503
(951) 358-3030

18. MEDI-CAL PERSONALLY IDENTIFIABLE INFORMATION

"Medi-Cal PII" refers to Medi-Cal Personally Identifiable Information which is directly obtained in the course of performing an administrative function on behalf of Medi-Cal, such as determining Medi-Cal eligibility or conducting In Home Supportive Services (IHSS) operations, that can be used alone, or in conjunction with any other information, to identify a specific individual. PII includes any information that can be used to search

for or identify individuals, or can be used to access their files, such as name, social security number, date of birth, driver's license number or identification number. PII may be electronic or paper.

The Contractor may use or disclose Medi-Cal Personally Identifiable Information (PII) only to perform functions, activities or services directly related to the administration of the Medi-Cal program in accordance with Welfare and Institutions Code section 14100.2 and 42 Code of Federal Regulations section 431.300 et seq, or as required by law. Disclosures which are required by law, such as a court order, or which are made with the explicit written authorization of the Medi-Cal client, are allowable. Any other use or disclosure of Medi-Cal PII requires the express approval in writing of the County. The Contractor shall not duplicate, disseminate or disclose Medi-Cal PII except as allowed in this Agreement.

19. CHILD ABUSE REPORTING

If Contractor is a mandated reporter under Penal Code Sections 11165 -11174.3, the Contractor shall establish a procedure acceptable to the County and in accordance with applicable laws to ensure that all employees, volunteers, consultants, subcontractors or agents performing services under this Agreement report child abuse or neglect to a child protective agency as defined in the Penal Code.

20. ADULT AND ELDER ABUSE REPORTING

The Contractor shall provide documentation of a policy and procedure acceptable to DPSS to ensure that all employees, volunteers, consultants, subcontractors, or agents performing services under this Agreement report elder and dependent adult abuse pursuant to Welfare & Institutions Code (WIC) Sections 15600 et seq.

Suspected incidents of abuse should be immediately reported to DPSS, followed by a written report within two working days.

21. CERTIFICATION REGARDING LOBBYING

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

- a. No Federal appropriate funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant loan or cooperative agreement.
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Contractor shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

- c. The Contractor shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contract under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

22. TRANSITION PERIOD

The Contractor agrees:

- a. To provide in a timely manner all information deemed necessary by DPSS for use in subsequent contracting activities upon termination of this Agreement for any reason;
- b. To cooperate with DPSS during a transition period to ensure an orderly and seamless delivery of service; and
- c. To make available to DPSS in a timely manner all file information regarding the clients served, without additional cost to DPSS or the new vendor, to ensure an orderly and seamless delivery of service.

V. GENERAL

A. EFFECTIVE PERIOD

This Agreement is effective Upon Execution to June 30, 2018.

B. NOTICES

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

DPSS:

General Contract related correspondence:

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

Reports:

DARTrpts@riversidedpss.org

Invoices and other financial documents:

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

CONTRACTOR: Foster Assessment Center & Testing Service, Inc. (FACTS)
516 Pennsfield Place Suite 108
Thousand Oaks, CA 91360

Contractor "Remit To" address:
Foster Assessment Center & Testing Service, Inc. (FACTS)
516 Pennsfield Place Suite 108
Thousand Oaks, CA 91360

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 Agreement, addressed in any other fashion will not be acceptable.

C. AVAILABILITY OF FUNDING

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

D. DISPUTES

Except as otherwise provided in this Agreement, any dispute concerning a question of fact arising under this Agreement, which is not disposed by agreement, 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 Agreement pending DPSS' decision.

E. ADVERSE GOVERNMENT ACTION

In the event any action of any department, branch or bureau of the Federal, State, or Local government has a material adverse effect on either party in the performance of their obligations hereunder, then that party shall notify the other of the nature of this action, including in the notice a copy of the adverse action. The parties shall meet within thirty (30) days and shall, in good faith, attempt to negotiate a modification to this Agreement that minimizes the adverse effect. Notwithstanding the provisions herein, if the parties fail to reach a negotiated modification concerning the adverse action, then the affected party may terminate this Agreement by giving at least one hundred eighty (180) days notice or may terminate sooner if agreed to by both parties.

F. SANCTIONS

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

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

Exhibit A

PLAN 109 CIV
WTW Participant Referral to Activity

County of Riverside - Employment Services

Phone: (951) 358-3000

Worker Name: _____

Worker ID: _____

Worker Phone Number: _____

Date: _____

Case Name: _____

Case Number: _____

Referral To Activity**Customer Information**

Name: _____

Social Security Number: _____

Contact Number: _____

Primary Language: _____

Goals: _____

Test Scores: Math _____ Reading _____

☐ Enroll participant in the following activity.☐ Remove participant from the following activity.

Activity Name: _____

Activity Number: _____

Days Per Week: _____

Hours: From _____ To _____

Start Date: _____

Expected End Date: _____

Comments: _____

Provider Information

Name: _____

Phone: _____

Address: _____

Fax: _____

Contact Person: _____

Contract Number: _____

TO BE COMPLETED BY PROVIDER

Participant:	Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not accepted, please explain:		
Training Site:	Contact Person:	
	Phone:	()
	Fax:	()
	E-mail:	
Authorized Provider Signature:		Date:

FOR COUNTY USE ONLY

Employment Services Worker:	Worker ID:
Authorized Signature:	Date:
If Required: Supervisor Signature:	Date:

(01/2003)

Exhibit B

**OCAT Printout (Sections A4 – B5
including Learning Needs Disability Form)
and Appraisal Summary and Recommendations Report**

Employment (Section A)

Work Experience and Interests (A4)

Instructions: Read aloud each task.

Thinking about all the work you have ever done, whether at a job or through community service, what is your level of skill and interest in the following types of jobs?

Job Type	Skill Level	Does this type of work interest you?	
Administrative Assistant (typing, data entry)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Bookkeeping or accounting	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Call Center	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Caring for others (children, the elderly, those with disabilities, or those with illness)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Cleaning/Custodial work	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Construction	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Customer Service	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Dental hygienist or other dental occupations	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Driving (truck, taxi, buses, limo, fork lift)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Education	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Entertainment (music, theater, film)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Farming (e.g., ranching, dairy services, and produce pickers)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Fishing or hunting for commercial or community use	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Harvesting local resources (e.g., timber, local product manufacturing)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Healthcare (nursing, health aide, medical assistant, technicians, RNs)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Helping with events	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
High tech (systems administrator, IT)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No

Logging	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Managing People	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Manufacturing	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Mechanical	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Natural resource employment (game warden, land management, forestry, etc.)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Office work (filing, answering phones, etc.)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Owning a business	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Personal Care (haircutter, skin care/nail/beauty)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Professional/Working in an Office	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Restaurant jobs (cashier, server, host/hostess, cleaning, manager, etc.)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Retail jobs (cashier, supervisor, stocker, manager, etc.)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Sales	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Seasonal Field Work	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Security and Protective Services	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Social services (working with people such as social workers, case managers, etc.)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Teaching (teachers, teacher assistants, etc.)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Tourism (hospitality)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Trades (construction, plumbing, electrical, etc.)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Traditional Skills (arts, crafts, sewing, dance, woodworking)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Warehouse Experience (heavy equipment)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Working with animals (working in a veterinarian's office, etc.)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No
Working with the government or government agencies (including State, Tribal, county, local, etc.)	<input type="radio"/> Advanced <input type="radio"/> Basic <input type="radio"/> None	Yes	No

Employment (Section A)

Legal Barriers (A5)

Preamble

Sometimes having a criminal record can make it harder to get a job.

Have you ever been convicted of any criminal offense other than a minor traffic violation?

☐ Yes ☐ No

What type of offense was it?
Felony Misdemeanor

Explain

If yes, are you on parole or probation now?

Yes No

Do you have any upcoming court dates?

☐ Yes ☐ No

Explain

Reason

Date

Example: 11/06/2015

Do you have any outstanding fines, warrants, restraining orders, or judgments?

☐ Yes ☐ No

Would you like help expunging (clearing) convictions from your criminal record?

☐ Yes ☐ No

Exit

Continue

Education (Section B)

Highest Grade (B1)

Instructions: Select from one category only.

What is the highest grade or year that you have completed?

☐ None

	Grade	Dates of Attendance	
		Start Date	End Date
		Example: 11/06/2015	Example: 11/06/2015
Elementary, Middle or Junior High School (1-8)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8		
High School (9-12)	<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12		
College or Vocational School (After High School) (13-16)	<input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16		
Post College/Graduate School (17-20)	<input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20		

Are you currently enrolled in school or a training program?

☐ Yes ☐ No

Indicate total number of years

Example: 4

What school, degree, or training program you are currently enrolled in?

Education (Section B)

Diploma, Degree, Certification (B2)

Instructions: Ask about those that apply based on responses in Highest Grade (B1)

Do you have a diploma, degree, or certification?

☐ None

High School Diploma

From (name of institution)

Location (city, state or country)

GED / Equivalency

From (name of institution)

Location (city, state or country)

Vocational, Technical, or Trade School Diploma / Certificate

Specify

From (name of institution)

Location (city, state or country)

License Expiration Date

Example: 11/06/2015

Professional License

Specify

From (name of institution)

Location (city, state or country)

License Expiration Date

Example: 11/06/2015

College Degree

Specify

From (name of institution)

Location (city, state or country)

Post Graduate / Graduate School

Specify

From (name of institution)

Location (city, state or country)

Other

Specify

From (name of institution)

Location (city, state or country)

☐ English as a Second Language (ESL)

☐ Vocational English as Second Language (VESL)

End

Continue

Education (Section B)

Other Education, Training, Certification (B3)

Instructions: Read each item aloud. For each "YES" response, specify skills learned and when.

Have you attended any other educational or training activities that we have not talked about, such as...?

	Yes/No	When	Explain skills learned
A. Classes for:			
GED Exam	<input type="radio"/> Yes <input type="radio"/> No		
Basic Literacy	<input type="radio"/> Yes <input type="radio"/> No		
Basic Math	<input type="radio"/> Yes <input type="radio"/> No		
Limited English Proficiency	<input type="radio"/> Yes <input type="radio"/> No		
B. College Classes			
<input type="radio"/> Yes <input type="radio"/> No			
C. Job readiness or Job search programs (resume writing, filling out applications, scheduling interviews, interviewing, building self-esteem, participating in job clubs, classes/workshops)			
<input type="radio"/> Yes <input type="radio"/> No			
D. Work experience programs:			
Community Service	<input type="radio"/> Yes <input type="radio"/> No		
Job	<input type="radio"/> Yes <input type="radio"/> No		
Internship	<input type="radio"/> Yes <input type="radio"/> No		
Voluntary Work	<input type="radio"/> Yes <input type="radio"/> No		
Work Study	<input type="radio"/> Yes <input type="radio"/> No		
E. Military service/schooling/training			
<input type="radio"/> Yes <input type="radio"/> No			
F. Other			
<input type="radio"/> Yes <input type="radio"/> No			

Exit

Continue

Education (Section B)

Indicator Questions

- ☐ Client has already completed a Learning Needs Screening
- ☐ Client waives the Learning Needs Screening

Link to Waiver of Learning Disabilities Screening/Evaluation form (WTW 17):
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/WTW17.pdf>

- ☐ Client is Limited-English proficient

Continue with this section

Based on the answers provided, further information should be collected. Please click 'Continue' to proceed.

Exit

Continue

Education (Section B)

Learning Needs

1. Have you ever had any problems learning in middle school or junior high?
☐ Yes | ☐ No
2. Do you have difficulty working from a test booklet to an answer sheet?
☐ Yes | ☐ No
3. Do you have difficulty or experience problems working with numbers in a column?
☐ Yes | ☐ No
4. Do you have any trouble judging distances?
☐ Yes | ☐ No
5. Do any family members have learning problems?
☐ Yes | ☐ No
6. Have you ever had any problems learning in elementary school?
☐ Yes | ☐ No
7. Do you have difficulty or experience problems mixing mathematical signs (+/x)?
☐ Yes | ☐ No
8. Do you have difficulty or experience problems filling out forms?
☐ Yes | ☐ No
9. Did you experience difficulty memorizing numbers?
☐ Yes | ☐ No
10. Do you have difficulty remembering how to spell simple words you know?
☐ Yes | ☐ No
11. Do you have difficulty or experience problems taking notes?
☐ Yes | ☐ No
12. Do you have trouble adding or subtracting small numbers in your head?
☐ Yes | ☐ No
13. Were you ever in a special program or given extra help in high school?
☐ Yes | ☐ No

Education

14. Were you ever in special education classes or school?
☐ Yes | ☐ No
15. Have you ever been diagnosed or told you have Learning Disabilities?
☐ Yes | ☐ No

By Whom

When

16. Have you ever been diagnosed or told that you have Attention Deficit Disorder with or without hyperactivity?
☐ Yes | ☐ No

By Whom

When

Glasses

17. Do you need or wear glasses?
☐ Yes | ☐ No

18. Was your last vision test within the last two years?
☐ Yes | ☐ No

Hearing

19. Do you need or wear a hearing aid?
☐ Yes | ☐ No

20. Have you had your hearing tested in the last 12 months?
☐ Yes | ☐ No

Speech

21. Have you ever seen a speech or language therapist?
☐ Yes | ☐ No

Medical / Physical

22. Have you ever had any of the following?

A lot of ear infections
☐ Yes | ☐ No

A lot of sinus infections
☐ Yes | ☐ No

High fevers that lasted a long time
☐ Yes | ☐ No

Diabetes (high blood sugar)
☐ Yes | ☐ No

Severe allergies
☐ Yes | ☐ No

A lot of headaches or migraines
☐ Yes | ☐ No

A head injury
☐ Yes | ☐ No

Convulsions or seizures
☐ Yes | ☐ No

Serious health problems

☐ Yes | ☐ No

23. Are you taking any medications that affect the way you think, act, or feel?

☐ Yes | ☐ No

What are you taking?

How often?

24. Do you need medical or follow-up services?

☐ Yes | ☐ No

Total Score 0



Case Information

County: Riverside

Office: Riverside

Case Manager:

Case Created: 10/09/2015

Phone:

Appraisal Summary Date: 11/06/2015

Appraiser:

Appraisal Interview Number:

Phone:

Appraisal Interview Updated: 11/06/2015

Supervisor:

Phone:

Client Information

Client Index Number (CIN):

Assistance Unit Case

First Name:

Gender:

Last Name:

Client Received CalWORKs Before: No

Client Moved From:

Household Composition

Name

DOB

Age

Gender

Relation

Financially Responsible? Living in Household?



Benefits Received and Payments/Debts

<u>Benefits</u>	<u>Amount</u>	<u>Payments / Debt</u>	<u>Amount</u>
CalFresh	/ month	Alimony	\$ 0.00 / month
CalWORKs	/ month	Car Loan	\$ 0.00 / month
CAPI	\$ 0.00 / month	Child Care	\$ 0.00 / month
Child Care	\$ 0.00 / month	Child Support	\$ 0.00 / month
Child Support	\$ 0.00 / month	Credit Card Debt	\$ 0.00 / month
Housing	\$ 0.00 / month	Gambling Debt	\$ 0.00 / month
State Disability	\$ 0.00 / month	Housing	/ month
Student Scholarship / Grants	\$ 0.00 / month	Medical Bills	\$ 0.00 / month
Supplemental Social Security	\$ 0.00 / month	Student Loans	\$ 0.00 / month
Transportation	\$ 0.00 / month	Student Loans (Defaulted)	\$ 0.00 / month
Unemployment	\$ 0.00 / month	Utilities	/ month
Veterans	\$ 0.00 / month	Other: _____	\$ 0.00 / month
Other Non-monetary Government Benefits			
0	received per month		
TOTAL Benefits	0 / month	TOTAL Payments / Debt	/ month

Medical Benefits

Receives

Medi-Cal and Covered California

Yes

Financial Issues

Do you have a bank account? Yes

In the last 12 months, have you had trouble paying your bills? Yes

Would you be interested in getting information or going to a class on money management skills? Yes



Strengths

Language Fluency	Client has the following language fluency: English Speak: Yes, Read: Yes, Write: Yes Spanish Speak: Yes, Read: Yes, Write: Yes
Employment Goals	Client has the following short and long term goals: Get off of aid and go back to school for nursing
Previous Jobs (Job History)	Client has held the following jobs: cash handling
Experience Through Jobs or Community Service	Client has the following work experience: Administrative Assistant (typing, data entry) Skill: Basic Interest: Yes Bookkeeping or accounting Skill: None Interest: Yes Caring for others (children, the elderly, those with disabilities, or those with illness) Skill: Basic Interest: Yes Cleaning/Custodial work Skill: Basic Interest: No Customer Service Skill: Basic Interest: Yes Healthcare (nursing, health aide, medical assistant, technicians, RNs) Skill: None Interest: Yes Managing People Skill: Basic Interest: No Office work (filling, answering phones, etc.) Skill: Basic Interest: Yes Professional/Working in an Office Skill: Basic Interest: Yes Restaurant jobs (cashier, server, host/hostess, cleaning, manager, etc.) Skill: Basic Interest: Yes Retail jobs (cashier, supervisor, stocker, manager, etc.) Skill: Advanced Interest: Yes Sales Skill: Basic Interest: Yes Social services (working with people such as social workers, case managers, etc.) Skill: None Interest: Yes Tourism (hospitality) Skill: None Interest: Yes Working with the government or government agencies (including State, Tribal, county, local, etc.) Skill: None Interest: Yes
Preparatory Classes or Training	Client has taken the following preparatory classes or training: <ul style="list-style-type: none"> • GED Exam Math, Writing • Basic Literacy • Basic Math • Limited English Proficiency No



Potential Barriers

Child Care and Parenting	<ul style="list-style-type: none"> • Providing Care Giving Services • No Child Care Provided for Child
Domestic Abuse - Safety	<ul style="list-style-type: none"> • Potential Victim of Domestic Abuse/Related Conflicts/Other Safety Concerns/Human Trafficking • Potential Human Trafficking / Sexual Exploitation Victim • Potential Victim of Domestic Abuse/Related Conflicts/Other Safety Concerns
Education	<ul style="list-style-type: none"> • May Have Learning Disabilities Based on Select Responses to the Learning Needs Questions • May Have Health Concern Based on Select Responses to the Learning Needs Questions • May Have Learning Disability Based on the Learning Needs Screening Score
Employment	<ul style="list-style-type: none"> • Currently Not Working • Criminal Record and/or on Parole or Probation
Transportation and/or Child Care	<ul style="list-style-type: none"> • Need for Supportive Services
Education / Learning Needs	<ul style="list-style-type: none"> • No High School Diploma or Equivalent and Client is More Than or Equal to 20 Years Old
Employment / Legal	<ul style="list-style-type: none"> • Criminal Record and/or on Parole or Probation • Need Assistance Expunging (Clearing) Convictions
Housing	<ul style="list-style-type: none"> • Unstable Housing
Demographic	<ul style="list-style-type: none"> • Financial Management Issues
Emotional and Mental Health	<ul style="list-style-type: none"> • Emotional and Mental Health Challenge



Appraisal Recommendations and Action Plans

WTW EXEMPTION, EXCEPTION, AND PROGRAM WAIVER EVALUATION

The client has indicated that the following conditions exist which may qualify him or her for a Welfare-to-Work participation exemption, exception, or program waiver. Provide the client with the CalWORKs Exemption Request Form (CW 2186A), and other necessary forms. Evaluate client for the possible welfare-to-work exemption, exception, and/or program waiver.

NOTE FOR APPRAISER: County Welfare Departments shall review independent of OCAT every client for all potential CalWORKs and welfare-to-work participation exemptions.

Condition	Recommendation	Action	Evaluation Status
Providing Care Giving Services	Evaluate client for a possible exemption based on the care of an ill or incapacitated member of the household.		
Potential Victim of Domestic Abuse/Related Conflicts/Other Safety Concerns/Human Trafficking	Provide client with information regarding Domestic Abuse waivers. Assess if client may qualify for waiver(s).		

Forms:

CalWORKs Exemption Request Form (CW 2186A):

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/CW2186A.PDF>

Authorization for Release of Medical Information (CW 61):

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/CW61.PDF>

Request for Verification (CW 2200):

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/CW2200.pdf>

**FAMILY STABILIZATION EVALUATION**

The client has indicated that the following conditions exist which may qualify he or she for the Family Stabilization Program. Evaluate the client for whether he or she qualifies for your County Welfare Department's Family Stabilization Program.

Condition	Action	Evaluation Status
Criminal Record and/or on Parole or Probation	Expungment workshop scheduled for 01/20/2016.	Yes
Unstable Housing	provided affordable housing list to customer. referred to other agencies for assistance: housing authority, HUD	Yes
Potential Human Trafficking/Sexual Exploitation Victim	Customer declined referral and views situation as resolved	No
Potential Victim of Domestic Abuse and/or other related conflicts/safety concerns	Customer made aware of service, but declined at this time	No
Emotional and Mental Health Challenge	Customer referred for evaluation by MHCT. No acute, destabilizing situation at this time. no FSS referral completed.	Yes

Forms:

Link to CalWORKs Family Stabilization Program Evaluation Request (FSP 1):

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/FSP1.pdf>



RECOMMENDATIONS (Work, Education, and/or Barrier Removal)

Learning Needs Screening Score:	19
---------------------------------	----

Forms:

Permission to Release Learning Disabilities Information form (WTW 20):

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/WTW20.pdf>

Recommendation	Action Plan	Referral Status
Client has potential child care barrier, provide appropriate supportive services in order to support client in his or her activities.	created a child care referral and provided customer with RCOE referral hotline number for list of providers.	Yes
<p>The client answered "Yes" to the following Learning Needs Screening questions:</p> <ul style="list-style-type: none"> • Have you ever had any problems learning in middle school or junior high? • Do any family members have learning problems? • Have you ever had any problems learning in elementary school? • Were you ever in a special program or given extra help in high school? • A lot of ear infections • A lot of sinus infections • Severe allergies • A lot of headaches or migraines <p>Ask client to provide any record of previous learning disabilities evaluation, attendance in special education, and/or record of medical conditions. Provide appropriate supportive services in order to support client in obtaining his or her record of previous learning disabilities evaluation, attendance in special education, and/or record of medical conditions. If the client appears to have problems obtaining the information, assist the client in obtaining records. Once obtained and with client's written consent (WTW 20), forward the records to either the learning disabilities assessor/evaluator and/or appropriate service provider for consideration.</p>	Need created in C-IV. Services pending finalization of LD provider.	Yes
Refer client to job readiness/job search. Provide appropriate supportive services in order to support client in job readiness/job search activities.	customer referred to job search starting 11/01/2015. Time allowed for customer to secure reliable child care prior to participation.	Yes
Provide appropriate transportation and/or child care supportive services in order to support client in his or her welfare-to-work engagement and barrier removal activities.	childcare supportive services, transportation supportive services, and ancillary supportive services provided	Yes
Offer client a referral to participate in secondary school, a General Education Development (GED) program, or education directly related to work activities. Refer client to concurrent job readiness/job search activities as needed. Provide appropriate supportive services in order to support client in his or her job readiness/job search and/or education activities, if needed.	LD evaluation will precede GED activity. GED/HSD activity will be assigned at a later date.	No



If pursuant to county policy, obtain copy of record, parole/probation officer's court case/contact information, as applicable. Refer to local services and resources pursuant to county policy.		
Refer client to Legal Aid for help expunging (clearing) convictions from his or her criminal record.	Expungement workshop scheduled for 01/2016	Yes
<p>The client answered "Yes" to the following Learning Needs Screening questions:</p> <ul style="list-style-type: none"> • A lot of ear infections • A lot of sinus infections • Severe allergies • A lot of headaches or migraines <p>Refer the client, as appropriate, to a medical or service provider(s) to address any potential health concerns identified in Learning Needs Section. Provide appropriate supportive services in order to support the client in obtaining his or her record of previous learning disabilities evaluation, attendance in special education, and/or record of medical conditions. If the client appears to have problems obtaining the information, assist the client in obtaining records. Once obtained and with client's written consent (WTW 20), forward the records to either the learning disabilities assessor/evaluator and/or appropriate service provider for consideration.</p>	customer declined services. MC is active and customer is confident medical issues will not interfere with current activities.	No
Offer a referral to a local housing agency, County Housing Support Program, family preservation, or shelter resources, pursuant to county policy.		
Refer client for a learning disabilities assessment/evaluation as soon as administratively possible. Provide appropriate supportive services in order to support client in his or her learning disabilities assessment/evaluation activity, as needed.		
• Total Score: 19		
Evaluate client for trafficking/crime victims' assistance. Offer client a referral to domestic abuse services, family counseling services, and/or a mental health specialist. Provide appropriate supportive services in order to support client in addressing potential human trafficking or exploitation related concerns.		No
Encourage client to enroll in a financial management workshop to assist in his or her understanding of savings, debt, budgeting, credit scores, and other topics, if available. Encourage client to open a checking or savings account versus utilizing high fee check cashing services. Encourage client to create a budget. If available and appropriate, refer client to appropriate services and resources to assess outstanding debt and child support arrearage.	Discussed recommendations with customer. No other referrals needed at this time.	No
Offer client a referral to domestic abuse services, family counseling services, and/or a mental health specialist. Provide appropriate supportive services in order to support client in addressing potential domestic abuse issues.	customer declined services and considered issue resolved	No
Refer client to mental health specialist or local service provider. Provide appropriate supportive services in order to support the client in addressing emotional and/or mental health concern.		

Exhibit C

Contractor Sample Learning Disability Evaluation Report

Foster Assessment Center & Testing Service, Inc.
Learning Disability Evaluation
Riverside County
SAMPLE REPORT

SECTION 1: PARTICIPANT INFORMATION

Participant:		Case Number #:	0000000
Gender:		Evaluator:	
Primary Language:		Dates of Attendance:	
Referring Office:	Riverside Co DPSS	Assessment Site:	
Employment Specialist:			

SECTION 2: PARTICIPANT BACKGROUND

Medical/Physical/Psychological Issues:

Education/Training Reported	School Name (Location)	Area of Study	Grade Completed or Degree/Certification	Date Completed

Work History Reported Job Title (Name of Employer)	Length/Years of Employment	Reason for Leaving

Transferable Skills:

▪

SECTION 3: JOB READINESS SKILLS

	YES	NO		YES	NO
Appropriately Groomed/Attired			Appropriate Work Pace		
Expresses Self Clearly			Positive Attitude/Cooperative		
Self Confident			Perseveres on Tasks		
Works Effectively Under Pressure			Appropriate Interpersonal Relations		
Dependable Attendance/Punctual			Ability to Make a Career Decision		
Comments:					
▪					

SECTION 4: AREAS OF STRENGTHS AND LIMITATIONS/BARRIERS

Areas of Strengths:

▪

Limitations/Barriers	Explanation	Recommendations/Accommodations
Academic/Achievement Limitations		
Adult Illiteracy		
Childcare Issues		
Domestic Violence		
English Skills		
GED Requirements		
Housing/Shelter Issues		
Interpersonal Issues		
Legal Issues		
Medical Issues		
Mental Health Issues		
Substance Abuse		
Transportation Issues		
Work Product and/or Work Pace		

SECTION 5: LEARNING DISABILITY IDENTIFICATION

Learning Disability Identified:

☐ Yes

☐ No

The definition of a learning disability, according to the California Education Code is defined as a demonstration of one or more of the following conditions:

- low average to above average intellectual ability;
- severe processing deficit(s); and
- severe aptitude-achievement discrepancy(ies) and measured achievement in an instructional or employment setting.

Cognitive Processing Demonstrated	Learning Disability Identified Within the Following Areas
<input type="checkbox"/> Above Average	<input type="checkbox"/> Reading Comprehension
<input type="checkbox"/> High Average	<input type="checkbox"/> Spelling
<input type="checkbox"/> Average	<input type="checkbox"/> Arithmetic Computation
<input type="checkbox"/> Low Average	<input type="checkbox"/> Other: Dyscalculia
	<input type="checkbox"/> Other: Dysgraphia

Intellectual/Developmental Disability Identified:

☐ Yes

☐ No

According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), an intellectual disability involves impairments of general mental abilities that impact adaptive functioning in three domains, or areas. These domains determine how well an individual copes with everyday tasks, and are as follows:

- The conceptual domain includes skills in language, reading, writing, math, reasoning, knowledge, and memory;
- The social domain refers to empathy, social judgment, interpersonal communication skills, the ability to make and retain friendships, and similar capacities; and
- The practical domain centers on self-management in areas such as personal care, job responsibilities, money management, recreation, and organizing school and work tasks.

While intellectual disability does not have a specific age requirement, an individual's symptoms must begin during the developmental period and are diagnosed based on the severity of deficits in adaptive functioning. The disorder is considered chronic and often co-occurs with other mental conditions like depression, attention-deficit/hyperactivity disorder, and autism spectrum disorder.

Cognitive Processing
Demonstrated

☐ 70 or Below

SECTION 6: EMPLOYMENT GOALS

Primary Employment Goal		Dot Code:	O*NET#:
Recommended	▪		
Activities/Available Resources:			

Factors Supporting the Selection of the Primary Employment Goal:					
	Yes	No		Yes	No
Availability of Job/Job Outlook/Demand List			Educational Preparation/Certification (Credentials)		
Vocational Interest/Preference			Demonstrate Motivation/Commitment/Work Values		
Transferable Skills/Past Work History			Sufficient Academics Skills/Aptitudes		

In directing the participant vocationally, this evaluator and the participant worked together to establish appropriate employment goals that were conducive to the participant's interests, transferable skills, aptitude and academic levels. The primary employment goal of

Second Employment Goal		Dot Code:	O*NET#:
Recommended	▪		
Activities/Available Resources:			

Third Employment Goal		Dot Code:	O*NET#:
Recommended	▪		
Activities/Available Resources:			

SECTION 7: SUMMARY/RECOMMENDATIONS/ACCOMMODATIONS

Training and/or Employment Deficits were identified in the following areas:

■

Recommended Accommodations for Training and/or Employment

■

If you have any questions, please do not hesitate to call.

Evaluator Signature _____

Evaluator

Date: _____

Foster Assessment Center & Testing Service, 60 S. Anaheim Blvd., Ste 251, Anaheim, CA, 92805
Phone (714) 635-5370 Fax (714) 635-5372

Attachments: Test Results; COPS Pictorial Profile; Participant Copy of LD Accommodations; Assessment Feedback From Case Managers Form.

Participant provided with recommendations for local community resources/web aids

FOSTER ASSESSMENT CENTER & TESTING SERVICE, INC.

PARTICIPANT NAME:

APTITUDE/COGNITIVE/ASSESSMENT TEST RESULTS AND INTERPRETATION

BASIC ACADEMIC SKILLS	Test Name	Grade Level
Reading Comprehension	Test of Adult Basic Education (TABE)	
Spelling Achievement	Wide Range Achievement Test	
Math Achievement	Wide Range Achievement Test	

OCCUPATIONAL APTITUDES (Test/Instrument Utilized)
Above Average: ▪
Average: ▪
Below Average: ▪
Work Samples: ▪

OTHER OCCUPATIONAL APTITUDES/ABILITIES (VALPAR Work Samples)
Demonstrated abilities that exceed the work sample requirements ["Meets, May Exceed"]: ▪
Demonstrated abilities that meet the work sample requirements ["Meets"]: ▪
Demonstrated abilities below the competitive rate ["Does Not Meet (A)"]: ▪
Demonstrated abilities well below the competitive rate ["Does Not Meet (B)"]: ▪

WOODCOCK-JOHNSON TESTS OF ACHIEVEMENT ABILITY	Grade	Percentile
Letter/Word Identification: Measures the individual's word identification skills.		
Reading Fluency: Measures the individual's ability to quickly read simple sentences and decide if the statement is true and then circling yes or no.		
Calculations: Measures the ability to perform mathematical computations.		
Passage Comprehension: Measures reading comprehension.		
Applied Problems: Measures the individual's ability to analyze and solve math problems.		
Writing Samples: Measures skills and writing responses to a variety of commands.		

WOODCOCK-JOHNSON TESTS OF COGNITIVE ABILITY	Grade	Percentile
Visual/Auditory Learning: Measures the ability for an individual to learn, store and retrieve a series of visual/auditory associations.		
Spatial Relations: Measures visual/spatial thinking.		
Sound Blending: Measures auditory processing and skill in synthesizing language sounds (phonemes).		
Numbers Reversed: Measures short-term memory span and working Memory or attentional capacity.		

INTELLECTUAL/COGNITIVE/LEARNING PROFILE		Percentile
NON-VERBAL INTELLIGENCE TONI-4	TONI Index =	
RAVEN STANDARD PROGRESSIVE MATRICIES		
COGNITIVE EFFICIENCY Woodcock-Johnson	Grade Level =	
GENERAL INTELLECTUAL ABILITY Revised BETA III	BETA IQ =	
VERBAL ABILITY Woodcock-Johnson	Grade Level =	
ACADEMIC FLUENCY Woodcock-Johnson	Grade Level =	

INVENTORY PROFILES—Interest/Personality/Work Values (Please refer to attachments for interest inventory profiles)	
Occupations of Highest Interest (County Demand Occupations List): ▪	
Career Occupational Preference System (COPS PICTORIAL) Interest questionnaire results indicated highest degree of interest in the following career clusters: ▪	
Preferred Learning Style: On a learning style inventory, the individual was described as	

Foster Assessment Center & Testing Service, Inc.
Learning Disability Evaluation
Riverside County

Learning Disability Evaluation – Participant Copy

Participant:		Case Number #:	0000000
Gender:		Evaluator:	
Primary Language:		Dates of Attendance:	
Referring Office:	Riverside Co DPSS	Assessment Site:	
Employment Specialist:			

Learning Disability Identified: ☐ Yes ☐ No

Intellectual/Developmental Disability Identified: ☐ Yes ☐ No

Training and/or Employment Deficits were identified in the following areas:
▪

Recommended Accommodations for Training and/or Employment
▪

Evaluator Signature _____ Date: _____
Evaluator

Foster Assessment Center & Testing Service, 60 S. Anaheim Blvd., Ste 251, Anaheim, CA, 92805
Phone (714) 635-5370 Fax (714) 635-5372

Exhibit D

DPSS 2076A

Contractor Payment Request Document

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC SOCIAL SERVICES

CONTRACTOR PAYMENT REQUEST

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

From: _____
Remit to Name _____
Address _____
Contractor Name _____
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

Exhibit D**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.

Exhibit E

Assurance of Compliance Agreement

Exhibit E

**ASSURANCE OF COMPLIANCE WITH
THE RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS**

Foster Assessment Center & Testing Service, Inc.
NAME OF ORGANIZATION

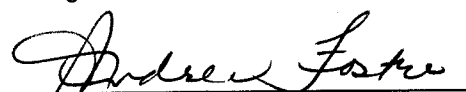
HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973 as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended and in particular section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code Section 51 et seq., as amended; California Government Code section 11135-11139.5, as amended; California Government Code section 12940 (c), (h) (1), (i), and (j); California Government Code section 4450; Title 22, California Code of Regulations section 98000 – 98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act (California Government Code Section 7290-7299.8); Section 1808 of the Removal of Barriers to Interethnic Adoption Act of 1996; and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE VENDOR/RECIPIENT HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the vendor/recipient agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code section 10605, or Government Code section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the vendor/recipient directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

11/09/15
Date


Director's Signature

516 Pennsfield Place, Suite #108, Thousand Oaks, CA 91360
Address of Vendor/Recipient

(08/13/01)

CR50-Vendor Assurance of Compliance

Exhibit F

HIPAA Business Associate Agreement

Exhibit F

HIPAA Business Associate Agreement

Addendum to Contract

Between the County of Riverside and Foster Assessment Center & Testing Service, Inc. (FACTS)

This HIPAA Business Associate Agreement (the "Addendum") supplements, and is made part of the CW-03174 (the "Underlying Agreement") between the County of Riverside ("County") and FACTS ("Contractor") and shall be effective as of the date the Underlying Agreement is approved by both Parties (the "Effective Date").

RECITALS

WHEREAS, County and Contractor entered into the Underlying Agreement pursuant to which the Contractor provides services to County, and in conjunction with the provision of such services certain protected health information ("PHI") and/or certain electronic protected health information ("ePHI") may be created by or made available to Contractor for the purposes of carrying out its obligations under the Underlying Agreement; and,

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Public Law 104-191 enacted August 21, 1996, and the Health Information Technology for Economic and Clinical Health Act ("HITECH") of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 enacted February 17, 2009, and the laws and regulations promulgated subsequent thereto, as may be amended from time to time, are applicable to the protection of any use or disclosure of PHI and/or ePHI pursuant to the Underlying Agreement; and,

WHEREAS, County is a covered entity, as defined in the Privacy Rule; and,

WHEREAS, to the extent County discloses PHI and/or ePHI to Contractor or Contractor creates, receives, maintains, transmits, or has access to PHI and/or ePHI of County, Contractor is a business associate, as defined in the Privacy Rule; and,

WHEREAS, pursuant to 42 USC §17931 and §17934, certain provisions of the Security Rule and Privacy Rule apply to a business associate of a covered entity in the same manner that they apply to the covered entity, the additional security and privacy requirements of HITECH are applicable to business associates and must be incorporated into the business associate agreement, and a business associate is liable for civil and criminal penalties for failure to comply with these security and/or privacy provisions; and,

WHEREAS, the parties mutually agree that any use or disclosure of PHI and/or ePHI must be in compliance with the Privacy Rule, Security Rule, HIPAA, HITECH and any other applicable law; and,

WHEREAS, the parties intend to enter into this Addendum to address the requirements and obligations set forth in the Privacy Rule, Security Rule, HITECH and HIPAA as they apply to Contractor as a business associate of County, including the establishment of permitted and required uses and disclosures of PHI and/or ePHI created or received by Contractor during the course of performing functions, services and activities on behalf of County, and appropriate limitations and conditions on such uses and disclosures;

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in HITECH, HIPAA, Security Rule and/or Privacy Rule, as may be amended from time to time.
 - A. "Breach" when used in connection with PHI means the acquisition, access, use or disclosure of PHI in a manner not permitted under subpart E of the Privacy Rule which compromises the security or privacy of the PHI, and shall have the meaning given such term in 45 CFR §164.402.
 - (1) Except as provided below in Paragraph (2) of this definition, acquisition, access, use, or disclosure of PHI in a manner not permitted by subpart E of the Privacy Rule is presumed to be a breach unless Contractor demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following four factors:
 - (a) The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
 - (b) The unauthorized person who used the PHI or to whom the disclosure was made;
 - (c) Whether the PHI was actually acquired or viewed; and
 - (d) The extent to which the risk to the PHI has been mitigated.
 - (2) Breach excludes:
 - (a) Any unintentional acquisition, access or use of PHI by a workforce member or person acting under the authority of a covered entity or business associate, if such acquisition, access or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under subpart E of the Privacy Rule.
 - (b) Any inadvertent disclosure by a person who is authorized to access PHI at a covered entity or business associate to another person authorized to access PHI at the same covered entity, business associate, or organized health care arrangement in which County participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted by subpart E of the Privacy Rule.
 - (c) A disclosure of PHI where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
 - B. "Business associate" has the meaning given such term in 45 CFR §164.501, including but not limited to a subcontractor that creates, receives, maintains, transmits or accesses PHI on behalf of the business associate.
 - C. "Data aggregation" has the meaning given such term in 45 CFR §164.501.

- D. "Designated record set" as defined in 45 CFR §164.501 means a group of records maintained by or for a covered entity that may include: the medical records and billing records about individuals maintained by or for a covered health care provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or, used, in whole or in part, by or for the covered entity to make decisions about individuals.
- E. "Electronic protected health information" ("ePHI") as defined in 45 CFR §160.103 means protected health information transmitted by or maintained in electronic media.
- F. "Electronic health record" means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given such term in 42 USC §17921(5).
- G. "Health care operations" has the meaning given such term in 45 CFR §164.501.
- H. "Individual" as defined in 45 CFR §160.103 means the person who is the subject of protected health information.
- I. "Person" as defined in 45 CFR §160.103 means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.
- J. "Privacy Rule" means the HIPAA regulations codified at 45 CFR Parts 160 and 164, Subparts A 17 and E.
- K. "Protected health information" ("PHI") has the meaning given such term in 45 CFR §160.103, which includes ePHI.
- L. "Required by law" has the meaning given such term in 45 CFR §164.103.
- M. "Secretary" means the Secretary of the U.S. Department of Health and Human Services 22 ("HHS").
- N. "Security incident" as defined in 45 CFR §164.304 means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- O. "Security Rule" means the HIPAA Regulations codified at 45 CFR Parts 160 and 164, Subparts 27 A and C.
- P. "Subcontractor" as defined in 45 CFR §160.103 means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.
- Q. "Unsecured protected health information" and "unsecured PHI" as defined in 45 CFR §164.402 means PHI not rendered unusable, unreadable, or indecipherable to unauthorized persons through use of a technology or methodology specified by the Secretary in the guidance issued 34 under 42 USC §17932(h)(2).

2. Scope of Use and Disclosure by Contractor of County's PHI and/or ePHI.

- A. Except as otherwise provided in this Addendum, Contractor may use, disclose, or access PHI and/or ePHI as necessary to perform any and all obligations of Contractor under the Underlying Agreement or to perform functions, activities or services for, or on behalf of, County as specified in this Addendum, if such use or disclosure does not violate HIPAA, HITECH, the Privacy Rule and/or Security Rule.
- B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Addendum or required by law, in accordance with 45 CFR §164.504(e)(2), Contractor may:
 - (1) Use PHI and/or ePHI if necessary for Contractor's proper management and administration and to carry out its legal responsibilities; and,
 - (2) Disclose PHI and/or ePHI for the purpose of Contractor's proper management and administration or to carry out its legal responsibilities, only if:
 - (a) The disclosure is required by law; or,
 - (b) Contractor obtains reasonable assurances, in writing, from the person to whom Contractor will Hold such PHI disclose such PHI and/or ePHI that the person will:
 - (i) and/or ePHI in confidence and use or further disclose it only for the purpose for which Contractor disclosed it to the person, or as required by law; and,
 - (ii) Notify Contractor of any instances of which it becomes aware in which the confidentiality of the information has been breached; and,
 - (3) Use PHI to provide data aggregation services relating to the health care operations of County pursuant to the Underlying Agreement or as requested by County; and,
 - (4) De-identify all PHI and/or ePHI of County received by Contractor under this Addendum provided that the de-identification conforms to the requirements of the Privacy Rule and/or 24 Security Rule and does not preclude timely payment and/or claims processing and receipt.
- C. Notwithstanding the foregoing, in any instance where applicable state and/or federal laws and/or regulations are more stringent in their requirements than the provisions of HIPAA, including, but not limited to, prohibiting disclosure of mental health and/or substance abuse records, the applicable state and/or federal laws and/or regulations shall control the disclosure of records.

3. Prohibited Uses and Disclosures.

- A. Contractor may neither use, disclose, nor access PHI and/or ePHI in a manner not authorized by the Underlying Agreement or this Addendum without patient authorization or de-identification of the PHI and/or ePHI and as authorized in writing from County.
- B. Contractor may neither use, disclose, nor access PHI and/or ePHI it receives from County or from another business associate of County, except as permitted or required by this Addendum, or as required by law.

- C. Contractor agrees not to make any disclosure of PHI and/or ePHI that County would be prohibited from making.
- D. Contractor shall not use or disclose PHI for any purpose prohibited by the Privacy Rule, Security Rule, HIPAA and/or HITECH, including, but not limited to 42 USC §17935 and §17936. Contractor agrees:
 - (1) Not to use or disclose PHI for fundraising, unless pursuant to the Underlying Agreement and only if permitted by and in compliance with the requirements of 45 CFR §164.514(f) or 45 CFR §164.508;
 - (2) Not to use or disclose PHI for marketing, as defined in 45 CFR §164.501, unless pursuant to the Underlying Agreement and only if permitted by and in compliance with the requirements of 45 CFR §164.508(a)(3);
 - (3) Not to disclose PHI, except as otherwise required by law, to a health plan for purposes of carrying out payment or health care operations, if the individual has requested this restriction pursuant to 42 USC §17935(a) and 45 CFR §164.522, and has paid out of pocket in full for the health care item or service to which the PHI solely relates; and,
 - (4) Not to receive, directly or indirectly, remuneration in exchange for PHI, or engage in any act that would constitute a sale of PHI, as defined in 45 CFR §164.502(a)(5)(ii), unless permitted by the Underlying Agreement and in compliance with the requirements of a valid authorization under 45 CFR §164.508(a)(4). This prohibition shall not apply to payment by County to Contractor for services provided pursuant to the Underlying Agreement.

4. **Obligations of County.**

- A. County agrees to make its best efforts to notify Contractor promptly in writing of any restrictions on the use or disclosure of PHI and/or ePHI agreed to by County that may affect Contractor's ability to perform its obligations under the Underlying Agreement, or this Addendum.
- B. County agrees to make its best efforts to promptly notify Contractor in writing of any changes in, or revocation of, permission by any individual to use or disclose PHI and/or ePHI, if such changes or revocation may affect Contractor's ability to perform its obligations under the Underlying Agreement, or this Addendum.
- C. County agrees to make its best efforts to promptly notify Contractor in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect Contractor's use or disclosure of PHI and/or ePHI.
- D. County agrees not to request Contractor to use or disclose PHI and/or ePHI in any manner that would not be permissible under HITECH, HIPAA, the Privacy Rule, and/or Security Rule.
- E. County agrees to obtain any authorizations necessary for the use or disclosure of PHI and/or ePHI, so that Contractor can perform its obligations under this Addendum and/or Underlying Agreement.

5. Obligations of Contractor. In connection with the use or disclosure of PHI and/or ePHI, Contractor agrees to:

- A. Use or disclose PHI only if such use or disclosure complies with each applicable requirement of 45 CFR §164.504(e). Contractor shall also comply with the additional privacy requirements that are applicable to covered entities in HITECH, as may be amended from time to time.
- B. Not use or further disclose PHI and/or ePHI other than as permitted or required by this Addendum or as required by law. Contractor shall promptly notify County if Contractor is required by law to disclose PHI and/or ePHI.
- C. Use appropriate safeguards and comply, where applicable, with the Security Rule with respect to ePHI, to prevent use or disclosure of PHI and/or ePHI other than as provided for by this Addendum.
- D. Mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of PHI and/or ePHI by Contractor in violation of this Addendum.
- E. Report to County any use or disclosure of PHI and/or ePHI not provided for by this Addendum or otherwise in violation of HITECH, HIPAA, the Privacy Rule, and/or Security Rule of which Contractor becomes aware, including breaches of unsecured PHI as required by 45 CFR §164.410.
- F. In accordance with 45 CFR §164.502(e)(1)(ii), require that any subcontractors that create, receive, maintain, transmit or access PHI on behalf of the Contractor agree through contract to the same restrictions and conditions that apply to Contractor with respect to such PHI and/or ePHI, including the restrictions and conditions pursuant to this Addendum.
- G. Make available to County or the Secretary, in the time and manner designated by County or Secretary, Contractor's internal practices, books and records relating to the use, disclosure and privacy protection of PHI received from County, or created or received by Contractor on behalf of County, for purposes of determining, investigating or auditing Contractor's and/or County's compliance with the Privacy Rule.
- H. Request, use or disclose only the minimum amount of PHI necessary to accomplish the intended purpose of the request, use or disclosure in accordance with 42 USC §17935(b) and 45 CFR §164.502(b)(1).
- I. Comply with requirements of satisfactory assurances under 45 CFR §164.512 relating to notice or qualified protective order in response to a third party's subpoena, discovery request, or other lawful process for the disclosure of PHI, which Contractor shall promptly notify County upon Contractor's receipt of such request from a third party.
- J. Not require an individual to provide patient authorization for use or disclosure of PHI as a condition for treatment, payment, enrollment in any health plan (including the health plan administered by County), or eligibility of benefits, unless otherwise excepted under 45 CFR §164.508(b)(4) and authorized in writing by County.
- K. Use appropriate administrative, technical and physical safeguards to prevent inappropriate use, disclosure, or access of PHI and/or ePHI.

- L. Obtain and maintain knowledge of applicable laws and regulations related to HIPAA and HITECH, as may be amended from time to time.
- M. Comply with the requirements of the Privacy Rule that apply to the County to the extent Contractor is to carry out County's obligations under the Privacy Rule.
- N. Take reasonable steps to cure or end any pattern of activity or practice of its subcontractor of which Contractor becomes aware that constitute a material breach or violation of the subcontractor's obligations under the business associate contract with Contractor, and if such steps are unsuccessful, Contractor agrees to terminate its contract with the subcontractor if feasible.

6. **Access to PHI, Amendment and Disclosure Accounting.** Contractor agrees to:

- A. **Access to PHI, including ePHI.** Provide access to PHI, including ePHI if maintained electronically, in a designated record set to County or an individual as directed by County, within five (5) days of request from County, to satisfy the requirements of 45 CFR §164.524.
- B. **Amendment of PHI.** Make PHI available for amendment and incorporate amendments to PHI in a designated record set County directs or agrees to at the request of an individual, within fifteen (15) days of receiving a written request from County, in accordance with 45 CFR §164.526.
- C. **Accounting of disclosures of PHI and electronic health record.** Assist County to fulfill its obligations to provide accounting of disclosures of PHI under 45 CFR §164.528 and, where applicable, electronic health records under 42 USC §17935(c) if Contractor uses or maintains electronic health records. Contractor shall:
 - (1) Document such disclosures of PHI and/or electronic health records, and information related to such disclosures, as would be required for County to respond to a request by an individual for an accounting of disclosures of PHI and/or electronic health record in accordance with 45 CFR §164.528.
 - (2) Within fifteen (15) days of receiving a written request from County, provide to County or any individual as directed by County information collected in accordance with this section to permit County to respond to a request by an individual for an accounting of disclosures of PHI and/or electronic health record.
 - (3) Make available for County information required by this Section 6.C for six (6) years preceding the individual's request for accounting of disclosures of PHI, and for three (3) years preceding the individual's request for accounting of disclosures of electronic health record.

7. **Security of ePHI.** In the event County discloses ePHI to Contractor or Contractor needs to create, receive, maintain, transmit or have access to County ePHI, in accordance with 42 USC §17931 and 45 CFR §164.314(a)(2)(i), and §164.306, Contractor shall:

- A. Comply with the applicable requirements of the Security Rule, and implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of ePHI that Contractor creates, receives, maintains, or transmits on behalf of County in accordance with 45 CFR §164.308, §164.310, and §164.312;

- B. Comply with each of the requirements of 45 CFR §164.316 relating to the implementation of policies, procedures and documentation requirements with respect to ePHI;
 - C. Protect against any reasonably anticipated threats or hazards to the security or integrity of ePHI;
 - D. Protect against any reasonably anticipated uses or disclosures of ePHI that are not permitted or required under the Privacy Rule;
 - E. Ensure compliance with the Security Rule by Contractor's workforce;
 - F. In accordance with 45 CFR §164.308(b)(2), require that any subcontractors that create, receive, maintain, transmit, or access ePHI on behalf of Contractor agree through contract to the same restrictions and requirements contained in this Addendum and comply with the applicable requirements of the Security Rule;
 - G. Report to County any security incident of which Contractor becomes aware, including breaches of unsecured PHI as required by 45 CFR §164.410; and,
 - H. Comply with any additional security requirements that are applicable to covered entities in Title 42 (Public Health and Welfare) of the United States Code, as may be amended from time to time, including but not limited to HITECH.
8. **Breach of Unsecured PHI.** In the case of breach of unsecured PHI, Contractor shall comply with the applicable provisions of 42 USC §17932 and 45 CFR Part 164, Subpart D, including but not limited to 45 CFR §164.410.
- A. **Discovery and notification.** Following the discovery of a breach of unsecured PHI, Contractor shall notify County in writing of such breach without unreasonable delay and in no case later than 60 calendar days after discovery of a breach, except as provided in 45 CFR §164.412.
 - (1) **Breaches treated as discovered.** A breach is treated as discovered by Contractor as of the first day on which such breach is known to Contractor or, by exercising reasonable diligence, would have been known to Contractor, which includes any person, other than the person committing the breach, who is an employee, officer, or other agent of Contractor (determined in accordance with the federal common law of agency).
 - (2) **Content of notification.** The written notification to County relating to breach of unsecured PHI shall include, to the extent possible, the following information if known (or can be reasonably obtained) by Contractor:
 - (a) The identification of each individual whose unsecured PHI has been, or is reasonably believed by Contractor to have been accessed, acquired, used or disclosed during the breach;
 - (b) A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
 - (c) A description of the types of unsecured PHI involved in the breach, such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved;

- (d) Any steps individuals should take to protect themselves from potential harm resulting from the breach;
 - (e) A brief description of what Contractor is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and,
 - (f) Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site, or postal address.
- B. **Cooperation.** With respect to any breach of unsecured PHI reported by Contractor, Contractor shall cooperate with County and shall provide County with any information requested by County to enable County to fulfill in a timely manner its own reporting and notification obligations, including but not limited to providing notice to individuals, prominent media outlets and the Secretary in accordance with 42 USC §17932 and 45 CFR §164.404, §164.406 and §164.408.
- C. **Breach log.** To the extent breach of unsecured PHI involves less than 500 individuals, Contractor shall maintain a log or other documentation of such breaches and provide such log or other documentation on an annual basis to County not later than fifteen (15) days after the end of each calendar year for submission to the Secretary.
- D. **Delay of notification authorized by law enforcement.** If Contractor delays notification of breach of unsecured PHI pursuant to a law enforcement official's statement that required notification, notice or posting would impede a criminal investigation or cause damage to national security, Contractor shall maintain documentation sufficient to demonstrate its compliance with the requirements of 45 CFR §164.412.
- E. **Payment of costs.** With respect to any breach of unsecured PHI caused solely by the Contractor's failure to comply with one or more of its obligations under this Addendum and/or the provisions of HITECH, HIPAA, the Privacy Rule or the Security Rule, Contractor agrees to pay any and all costs associated with providing all legally required notifications to individuals, media outlets, and the Secretary. This provision shall not be construed to limit or diminish Contractor's obligations to indemnify, defend and hold harmless County under Section 9 of this Addendum.
- F. **Documentation.** Pursuant to 45 CFR §164.414(b), in the event Contractor's use or disclosure of PHI and/or ePHI violates the Privacy Rule, Contractor shall maintain documentation sufficient to demonstrate that all notifications were made by Contractor as required by 45 CFR Part 164, Subpart D, or that such use or disclosure did not constitute a breach, including Contractor's completed risk assessment and investigation documentation.
- G. **Additional State Reporting Requirements.** The parties agree that this Section 8.G applies only if and/or when County, in its capacity as a licensed clinic, health facility, home health agency, or hospice, is required to report unlawful or unauthorized access, use, or disclosure of medical information under the more stringent requirements of California Health & Safety Code §1280.15. For purposes of this Section 8.G, "unauthorized" has the meaning given such term in California Health & Safety Code §1280.15(j)(2).
- (1) Contractor agrees to assist County to fulfill its reporting obligations to affected patients and to the California Department of Public Health ("CDPH") in a timely manner under the California Health & Safety Code §1280.15.
 - (2) Contractor agrees to report to County any unlawful or unauthorized access, use, or disclosure of patient's medical information without unreasonable delay and no later than two (2) business days after Contractor detects such incident. Contractor further agrees such report shall be made in writing, and shall include substantially the same types of information listed above in Section 8.A.2 (Content of Notification) as

applicable to the unlawful or unauthorized access, use, or disclosure as defined above in this section, understanding and acknowledging that the term "breach" as used in Section 8.A.2 does not apply to California Health & Safety Code §1280.15.

9. **Hold Harmless/Indemnification.**

- A. Contractor agrees to indemnify and hold harmless County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives 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 Addendum, including but not limited to property damage, bodily injury, death, or any other element of any kind or nature whatsoever arising from the performance of Contractor, its officers, agents, employees, subcontractors, agents or representatives from this Addendum. 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, of County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents or representatives in any claim or action based upon such alleged acts or omissions.
- B. 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 choice, subject to the approval of County, which shall not be unreasonably withheld, 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 County as set forth herein. Contractor's obligation to defend, indemnify and hold harmless County shall be subject to County having given Contractor written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at Contractor's expense, for the defense or settlement thereof. 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.
- C. The specified insurance limits required in the Underlying Agreement of this Addendum shall in no way limit or circumscribe Contractor's obligations to indemnify and hold harmless County herein from third party claims arising from issues of this Addendum.
- D. In the event there is conflict between this clause and California Civil Code §2782, this clause shall be interpreted to comply with Civil Code §2782. Such interpretation shall not relieve the Contractor from indemnifying County to the fullest extent allowed by law.
- E. In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Addendum, this indemnification shall only apply to the subject issues included within this Addendum.

10. **Term.** This Addendum shall commence upon the Effective Date and shall terminate when all PHI and/or ePHI provided by County to Contractor, or created or received by Contractor on behalf of County, is destroyed or returned to County, or, if it is infeasible to return or destroy PHI and/ePHI, protections are extended to such information, in accordance with section 11.B of this Addendum.

11. **Termination.**

A. **Termination for Breach of Contract.** A breach of any provision of this Addendum by either party shall constitute a material breach of the Underlying Agreement and will provide grounds for terminating this Addendum and the Underlying Agreement with or without an opportunity to cure the breach, notwithstanding any provision in the Underlying Agreement to the contrary. Either party, upon written notice to the other party describing the breach, may take any of the following actions:

- (1) Terminate the Underlying Agreement and this Addendum, effective immediately, if the other party breaches a material provision of this Addendum.
- (2) Provide the other party with an opportunity to cure the alleged material breach and in the event the other party fails to cure the breach to the satisfaction of the non-breaching party in a timely manner, the non-breaching party has the right to immediately terminate the Underlying Agreement and this Addendum.
- (3) If termination of the Underlying Agreement is not feasible, the breaching party, upon the request of the non-breaching party, shall implement, at its own expense, a plan to cure the breach and report regularly on its compliance with such plan to the non-breaching party.

B. **Effect of Termination.**

- (1) Upon termination of this Addendum, for any reason, Contractor shall return or, if agreed to in writing by County, destroy all PHI and/or ePHI received from County, or created or received by the Contractor on behalf of County, and, in the event of destruction, Contractor shall certify such destruction, in writing, to County. This provision shall apply to all PHI and/or ePHI which are in the possession of subcontractors or agents of Contractor. Contractor shall retain no copies of PHI and/or ePHI, except as provided below in paragraph (2) of this section.
- (2) In the event that Contractor determines that returning or destroying the PHI and/or ePHI is not feasible, Contractor shall provide written notification to County of the conditions that make such return or destruction not feasible. Upon determination by Contractor that return or destruction of PHI and/or ePHI is not feasible, Contractor shall extend the protections of this Addendum to such PHI and/or ePHI and limit further uses and disclosures of such PHI and/or ePHI to those purposes which make the return or destruction not feasible, for so long as Contractor maintains such PHI and/or ePHI.

12. **General Provisions.**

- A. **Retention Period.** Whenever Contractor is required to document or maintain documentation pursuant to the terms of this Addendum, Contractor shall retain such documentation for 6 years from the date of its creation or as otherwise prescribed by law, whichever is later.

- B. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for County to comply with HITECH, the Privacy Rule, Security Rule, and HIPAA generally.
- C. **Survival.** The obligations of Contractor under Sections 3, 5, 6, 7, 8, 9, 11.B and 12.A of this Addendum shall survive the termination or expiration of this Addendum.
- D. **Regulatory and Statutory References.** A reference in this Addendum to a section in HITECH, HIPAA, the Privacy Rule and/or Security Rule means the section(s) as in effect or as amended.
- E. **Conflicts.** The provisions of this Addendum shall prevail over any provisions in the Underlying Agreement that conflict or appear inconsistent with any provision in this Addendum.
- F. **Interpretation of Addendum.**
- (1) This Addendum shall be construed to be part of the Underlying Agreement as one document. The purpose is to supplement the Underlying Agreement to include the requirements of the Privacy Rule, Security Rule, HIPAA and HITECH.
 - (2) Any ambiguity between this Addendum and the Underlying Agreement shall be resolved to permit County to comply with the Privacy Rule, Security Rule, HIPAA and HITECH generally.
- G. **Notices to County.** All notifications required to be given by Contractor to County pursuant to the terms of this Addendum shall be made in writing and delivered to the County both by fax and to both of the addresses listed below by either registered or certified mail return receipt requested or guaranteed overnight mail with tracing capability, or at such other address as County may hereafter designate. All notices to County provided by Contractor pursuant to this Section shall be deemed given or made when received by County.

County HIPAA Privacy Officer: HIPAA Privacy Manager

County HIPAA Privacy Officer Address: P.O. Box 1569
Riverside, CA 92502

County HIPAA Privacy Officer Fax Number: (951) 955-HIPAA or (951) 955-4472

— — — — — **TO BE COMPLETED BY COUNTY PERSONNEL ONLY** — — — — —

County Departmental Officer: _____

County Departmental Officer Title: _____

County Department Address: _____

County Department Fax Number: _____