

# **AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND RESTPADD, INC.**

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This agreement is entered into between the County of Tehama, through its Health Services Agency, ("County") and Restpadd, Inc., a California S-corporation ("Contractor") for the purpose of providing Psychiatric Inpatient Services.

## **1. DEFINITIONS**

General Meaning of Words and Terms. The words and terms used in this Agreement are intended to have their usual meanings unless a particular or more limited meaning is associated with their usage in Welfare and Institutions Code sections 5000 et seq. or 14000 et seq. or the associated regulations contained in Titles 9 and 22 of the California Code of Regulation, or unless specifically defined in this Agreement:

"Beneficiary" or "County Patient" means those Tehama County residents referred to Contractor by County for services hereunder, including but not limited to persons described in California Code of Regulations, title 9, section 1810.205.

"County Mental Health Director" means County's Director of Mental Health or his or her designated representative.

" Psychiatric Inpatient Services" means medically necessary clinical, medical, and ancillary services that are generally recognized and accepted for the diagnosis and treatment of a behavioral disorder or psychological injury, including but not limited to:

- a. Semi-private room accommodations including bed, board, and related services.
- b. 24-hour nursing care.
- c. Pharmaceuticals and biologicals.
- d. Dietary services.
- e. Medical and psychiatric evaluations and psychological and social assessments.
- f. Crisis intervention services.
- g. Administration and supervision of the clinical use of psychotropic medications.

- h. Individual and group psychotherapy.
- i. Art, recreational, and vocational therapy.
- j. Clinical laboratory services.
- k. Social services.
- l. Services of psychiatrist and/or psychologist under contract by Provider for a Short-Doyle Indigent.
- m. Services of psychiatrist and/or psychologist not included in the provisions for managed Medi-Cal Beneficiaries.
- n. Supplies, appliances, and equipment.
- o. Any other "Psychiatric Inpatient Hospital Services" as defined in Cal. Code Regs., title 9, § 1810.350.
- p. Discharge planning.

"Medi-Cal" means that comprehensive program of medical assistance established by the Medi-Cal Act, as contained in the California Welfare and Institutions Code sections 14000, et seq., including any amendments and administrative regulations promulgated under and pursuant to this law.

"Medically necessary" and Medical Necessity" shall have the meaning set forth in California Code of Regulations, title 9, section 1820.205, and shall be determined by County in consultation with Contractor.

"Day of Service" means the period beginning at 12:01 a.m. continuing for 24 consecutive hours or any portion thereof.

"WIC" means an acronym for the California Welfare and Institutions Code.

## **2. RESPONSIBILITIES OF CONTRACTOR**

During the term of this agreement, Contractor shall provide medically necessary voluntary and involuntary Psychiatric Inpatient Services to County Patients. Such services shall be provided in accordance with the Lanterman-Petris-Short Act and all other rules and regulations pertaining to and regulating such services. Except for "emergency admissions" subject to Cal. Code Regs., title 9, section 1820.225, Contractor shall provide only those services for which a written

authorization from the County has been received. As an express condition to compensation hereunder, Contractor shall notify County within 24 hours of the time that any County patient presents for “emergency admission” under Cal. Code Regs., title 9, section 1820.225. Any other services provided without prior written authorization from the County will be the responsibility of the Contractor and will not be reimbursed by the County.

Contractor performance provisions:

A. Services Provided by Contractor.

- (1) Contractor assumes full responsibility for provision of all psychiatric inpatient hospital services in accordance with regulations adopted pursuant to Section 5775, et seq., and 14680, et seq., of the Welfare and Institutions Code. Contractor agrees to accept as payment in full for these psychiatric inpatient services from County and the California Department of Health Care Services as provided in Section 3 of this Agreement.
- (2) Contractor shall at its own expense provide and maintain facilities and professional, allied, and supportive medical and paramedical personnel, including any necessary physician services, to provide all necessary and appropriate psychiatric inpatient hospital services.
- (3) Contractor shall at its own expense provide and maintain the organizational administrative capabilities to carry out its duties and responsibilities under this Agreement and all applicable statutes and regulations pertaining to Medi-Cal providers.

B. Licensure and Certification.

- (1) Contractor hereby represents and warrants that it is currently and for the duration of this Agreement shall remain licensed as an acute care hospital or acute psychiatric hospital in accordance with Section 1250 et seq., of the Health and Safety Code and the licensing regulations contained in Title XXII and XVII of the California Code of Regulations.

- (2) Contractor hereby represents and warrants that it is currently and for the duration of this Agreement shall remain certified under Title XVIII of the Federal Social Security Act.
- (3) Contractor agrees that compliance with its obligations to remain licensed as a general acute care hospital or acute psychiatric hospital as provided in B.1. above and certified under the Federal Social Security Act as provided in B.2. above shall be express conditions precedent to maturing the County's payment obligations under Sections 3 and 4 of this Agreement.

C. Services Neither Covered Nor Compensated.

- (1) County shall not be obligated to compensate Contractor pursuant to this Agreement for any services that are not covered under one (or more) of the following programs:
  - a. Short-Doyle;
  - b. Medi-Cal Mental Health;
  - c. Mental Health Services Act;
  - d. County Medical Services Program (Services covered under this program are compensable hereunder only if such compensation is specifically pre-approved by County on a case-by-case basis.)

D. Availability of Services.

- (1) Contractor shall not differentiate or discriminate in the treatment of Medi-Cal beneficiaries, nor shall Contractor discriminate on the basis of race, religion, sex, physical or mental disability, age, or sexual orientation.
- (2) Contractor shall render services to beneficiaries in the same manner and in accordance with the same time availability as offered Contractor's other patients except as limited by existing Medi-Cal restrictions.

E. Service Location. Psychiatric inpatient hospital services rendered pursuant to this Agreement shall be rendered at the following facilities:

Restpadd Inc.  
2750 Eureka Way  
Redding, CA 96001

- F. Utilization Controls. County shall not be obligated to pay Contractor for any services provided to a beneficiary unless Contractor adheres to all utilization controls and obtains authorization for services in accordance with Medi-Cal policy and procedures as defined in Title XXII, State Fiscal Intermediary Provider Manual and bulletins and as specifically modified by County.
- G. Services Authorization. Contractor and County acknowledge that County's responsibilities under this Agreement and governing legislation and regulations require that Contractor consult with County concerning potential patients who may be eligible for services under the terms of this Agreement. Therefore, in order to exercise its duties hereunder, County requires that the Contractor provide consultation with County concerning those patients not referred to Contractor by County so that County can determine medical necessity, appropriateness of admission, length of proposed services. Contractor shall provide such consultation by contacting County prior to admission of a patient who Contractor believes is eligible for, in a need of, contracted services in all cases in which the County staff is not the source of the referral. Except for "emergency admissions" subject to California Code of Regulations, title 9, section 1820.225, services provided without prior written authorization from the County will be the responsibility of the Contractor and will not be reimbursed by the County.
- H. Utilization Controls Compliance by Contractor as Condition Precedent to County Payment Obligation. As expressed conditions precedent to any County payment obligation under the terms of this Agreement, Contractor shall adhere to the County's Quality Management Plan including utilization controls, State Department of Health Care Services Letters, Notices, as well as Sections 5777(g) and 5777(8)(n) of the Welfare and Institutions Code and regulations adopted pursuant thereto.

- I. Hospital Liason. Contractor shall designate in writing a person to act as agent and liason to County. Such person shall coordinate all communications between the parties. The written designation of such agent shall constitute full authorization to bind Contractor as principal in dealings with County.
- J. Quality of Care. As an expressed condition pursuant to any County payment under the terms of this Agreement, the Contractor shall:
- (1) Assure that any and all eligible beneficiaries receive care as required by Section 5777, et seq., and 14680, et seq., of the Welfare and Institutions Code.
  - (2) Take such actions as required by Contractor's Medical Staff Bylaws against Medical Staff members who violate those bylaws.
  - (3) Provide psychiatric inpatient hospitalization in the same manner to beneficiaries as it provides to all patients to whom it renders psychiatric inpatient services. Beneficiaries will not be discriminated against in any manner, including admission practices, placement in special wings or rooms, or provision of special or separate meals.
  - (4) Ensure that all beneficiaries are provided with the rights set forth in 42 C.F.R. § 438.100.
- K. Assumption of Risk. The Contractor shall bear total risk for the cost of psychiatric inpatient services rendered to each beneficiary covered in this Agreement. The Contractor covenants to accept as payment in full for the psychiatric inpatient hospital services described herein, the payments made by County pursuant to Section 4 of this Agreement.

Contractor shall be liable for State Department of Health Care Services audit exceptions due to inadequate documentation as per medical necessity requirements and shall reimburse County for any recoupments ordered by the State within sixty (60) days of the date of the State or County's

notice of such recoupment order. If Contractor fails to reimburse County within such period, County may offset the unpaid amount against any sums due from County to Contractor pursuant to this agreement or any other agreement of obligation.

### **3. RESPONSIBILITIES OF THE COUNTY**

County will determine the appropriateness of admission to psychiatric inpatient care based on published medical necessity criteria. County may place either male or female patients at Contractor's facilities.

At County's own expense, County will transport County Patients from County to the Contractor's facility for admitting purposes and from the hospital back to County upon discharge of County Patients.

County will be responsible for determining the eligibility of County Patients for the services available under this Agreement. Contractor will not presume that any person claiming County sponsorship is County's responsibility until County has verified the person's eligibility and accepted financial responsibility and notified Contractor that the person is eligible.

County hereby designates Restpadd, Inc. in Redding, California as facilities for seventy-two (72) hour treatment and evaluation and for intensive treatment pursuant to Welfare and Institutions Code sections 5150 and 5250, subject to all the terms and conditions related to this designation. The professional person in charge of these facilities shall, and hereby does, designate the licensed staff members of County's Mobile Crisis Team to perform preadmission assessments in accordance with Welfare and Institutions Code section 5151.

County shall compensate Contractor at the rate set forth in Section 4 of this agreement for the services described in Section 1.

### **4. COMPENSATION**

County shall compensate Contractor for services rendered pursuant to the rates established in Exhibit B attached hereto and made a part hereof. The total Maximum Compensation payable to Contractor under this agreement shall not exceed \$2,400,000. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein.

Contractor shall have no claim against County for payment of any compensation or reimbursement, of any kind whatsoever, for any service provided by Contractor after the

expiration or other termination of this Agreement. Contractor shall not be paid any amount in excess of the Maximum Compensation amount set forth above, and Contractor agrees that County has no obligation, whatsoever, to compensate or reimburse Contractor for any expenses, direct or indirect costs, expenditures, or charges of any nature by Contractor that exceed the Maximum Compensation amount set forth above. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. This provision shall survive the expiration or other termination of this Agreement.

## **5. BILLING AND PAYMENT**

- A. Contractor shall submit all claims for reimbursement under the Agreement within forty five (45) days after the services for which reimbursement is claimed are rendered. County shall be obligated to pay only for services properly invoiced in accordance with this section. County shall make payment within 45 days of the date the services were approved for payment.
- B. County shall compensate Contractor based on: (1) the actual number of beneficiaries authorized by the County; (2) the actual number of days the Contractor provides each beneficiary; and (3) the rate(s) set forth in Exhibit B.
- C. County is the payor of last resort. Contractor shall make every reasonable effort to obtain all available Medi-Cal and Medicare benefits and any other third party or private insurance or reimbursement for which clients served hereunder may be eligible to receive for provision of Psychiatric Inpatient Services. Obtaining verification of patient eligibility for coverage under the Medicare or other reimbursement programs or insurance is the responsibility of the Contractor. County does not assume responsibility for such certification procedures. All revenues received from any such third-party payor shall be considered as payment in full. Any claims billable to third-party payor that are denied due to Contractor's inability to submit claims in a timely and complete manner are the responsibility of the Contractor and not billable to the County.
- D. Contractor will bill CMSP for all services provided to clients eligible for CMSP. For clients referred by County, County will cover any days authorized by County after CMSP benefit is exhausted at the rates established in Exhibit B.



- E. Contractor shall be liable for State Department of Health Care Services audit exceptions due to inadequate documentation as per medical necessity requirements and shall reimburse County for any recoupments ordered by the State within sixty (60) days of the date of the State or County's notice of such recoupment order. If Contractor fails to reimburse County within such period, County may offset the unpaid amount against any sums due from County to Contractor pursuant to this agreement or any other agreement of obligation.
- F. Contractor shall provide County with an annual Cost Report in the format prescribed by the State Department of Health Care Services. This Cost Report may be considered in establishing the negotiated rate for future years of this agreement.
- G. Contractor shall maintain accurate accounting records of its costs and operating expenses. Such records of costs and expenditures shall be maintained for at least ten (10) years, or until audit findings are resolved, and shall be open to inspection by the Health Services Agency Director, or designee, the State Controller, and the State Director of Health Care Services or designees. Contractor shall also be subject to the examination and audit of the Auditor General for a period of three years after final payment under the contract (Government Code, Section 8546.7).
- H. When, on the basis of retrospective review, it has been determined that Contractor has failed to meet service standards or documentation standards established by the MHP and Title 9, California Code of Regulations, payment will be denied on the basis of audit exception. Payment will not be made on the basis of added, amended, or altered records presented after the date of the retrospective review.
- I. Whenever there is audit exception against the County resulting from a claim for funding for an expenditure by the Contractor that is not allowable, the County may offset reimbursement to the Contractor for the exception.

## **6. TERM OF AGREEMENT**

This agreement shall commence on July 1, 2025 and shall terminate June 30, 2029, unless terminated in accordance with section 6 below.

**7. TERMINATION OF AGREEMENT**

If Contractor fails to perform his/her duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this agreement immediately upon oral notice should funding cease or be materially decreased or should the Tehama County Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year.

The County's right to terminate this agreement may be exercised by the Health Services Agency's Executive Director.

**8. ENTIRE AGREEMENT; MODIFICATION**

This agreement for the services specified herein supersedes all previous agreements for these services and constitutes the entire understanding between the parties hereto. Contractor shall be entitled to no other benefits other than those specified herein. No changes, amendments or alterations shall be effective unless in writing and signed by both parties. Contractor specifically acknowledges that in entering into and executing this agreement, Contractor relies solely upon the provisions contained in this agreement and no other oral or written representation.

**9. NONASSIGNMENT OF AGREEMENT**

Inasmuch as this agreement is intended to secure the specialized services of Contractor, Contractor may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the County.

**10. EMPLOYMENT STATUS**

Contractor shall, during the entire term of this agreement, be construed to be an independent contractor and nothing in this agreement is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Contractor performs the services

which are the subject matter of this agreement; provided always, however, that the services to be provided by Contractor shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the County is to ensure that the services shall be rendered and performed in a competent, efficient, and satisfactory manner. Contractor shall be fully responsible for payment of all taxes due to the State of California or the Federal government, which would be withheld from compensation of Contractor, if Contractor were a County employee. County shall not be liable for deductions for any amount for any purpose from Contractor's compensation. Contractor shall not be eligible for coverage under County's Workers Compensation Insurance Plan nor shall Contractor be eligible for any other County benefit.

#### **11. INDEMNIFICATION**

Contractor shall defend, hold harmless, and indemnify Tehama County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of County), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of County) being damaged, arising out of contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Contractor shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Contractor shall also defend and indemnify County against any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency against the County with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding payments, or any other legally mandated payment.

Contractor shall defend and indemnify Tehama County for any recoupment of funding resulting from periodic audit by the State of California, or United States of America and arising from Contractor's negligent acts, willful acts, or errors or omissions or such acts of Contractor's subcontractors, any person employed under Contractor, or under any subcontractor. Should County become subject to such recoupment Contractor shall reimburse County for recouped funds in proportion to Contractor's share of audit exceptions to the total audit exceptions charged against County.

#### **12. INSURANCE**

Contractor shall procure and maintain insurance pursuant to Exhibit A, “Insurance Requirements For Contractor,” attached hereto and incorporated by reference.

### **13. PREVAILING WAGE**

Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. (“Prevailing Wage Laws”), which require the payment of prevailing wage rates and the performance of other requirements on certain “public works” and “maintenance” projects. If the Services hereunder are being performed as part of an applicable “public works” or “maintenance” project, as defined by the Prevailing Wage Laws, and if the total compensation is \$1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable, County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office and will make this information available to any interested party upon request. Contractor shall defend, indemnify, and hold the County, its elected officials, officers, employees and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a “public work.” To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no contractor or subcontractor may be listed on a bid proposal or be awarded a contract for a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5, with exceptions from this requirement specified under Labor Code sections 1725.5(f), 1771.1(a) and 1771.1(n).

If the services are being performed as part of the applicable “public works” or “maintenance” project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

**14. NON-DISCRIMINATION**

Contractor shall not employ discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

**15. GREEN PROCUREMENT POLICY**

Through Tehama County Resolution No. 2021-140, the County adopted the Recovered Organic Waste Product Procurement Policy (available upon request) to (1) protect and conserve natural resources, water and energy; (2) minimize the jurisdiction's contribution to pollution and solid waste disposal; (3) comply with state requirements as contained in 14 CCR Division 7, Chapter 12, Article 12 (SB 1383); (4) support recycling and waste reduction; and (5) promote the purchase of products made with recycled materials, in compliance with the California Integrated Waste Management Act of 1989 (AB 939) and SB1382 when product fitness and quality are equal and they are available at the same or lesser cost of non-recycled products. Contractor shall adhere to this policy as required therein and is otherwise encouraged to conform to this policy.

**16. COMPLIANCE WITH LAWS AND REGULATIONS**

All services to be performed by Contractor under to this Agreement shall be performed in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. Any change in status, licensure, or ability to perform activities, as set forth herein, must be reported to the County immediately.

**17. LAW AND VENUE**

This agreement shall be deemed to be made in and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of laws provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

**18. AUTHORITY**

Each party executing this Agreement and each person executing this Agreement in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purposing to act.

## **19. NOTICES**

Any notice required to be given pursuant to the terms and provisions of this agreement shall be in writing and shall be sent first class mail to the following addresses:

If to County:	Tehama County Health Services Agency Attn: Executive Director P.O. Box 400 Red Bluff, CA 96080 (530) 527-8491
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If to Contractor:	Restpadd, Inc. Attn: Administrator 2750 Eureka Way Redding, CA 96001 (530) 262-6722
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Notice shall be deemed to be effective two days after mailing.

## **20. NON-EXCLUSIVE AGREEMENT**

Contractor understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Contractor, or to perform such services with County's own forces, as County desires.

## **21. STANDARDS OF THE PROFESSION**

Contractor agrees to perform its duties and responsibilities pursuant to the terms and conditions of this agreement in accordance with the standards of the profession for which Contractor has been properly licensed to practice.

## **22. LICENSING OR ACCREDITATION**

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

**23. RESOLUTION OF AMBIGUITIES**

If an ambiguity exists in this Agreement, or in a specific provision hereof, neither the Agreement nor the provision shall be construed against the party who drafted the Agreement or provision.

**24. NO THIRD-PARTY BENEFICIARIES**

Neither party intends that any person shall have a cause of action against either of them as a third-party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

**25. HAZARDOUS MATERIALS**

Contractor shall provide to County all Safety Data Sheets covering all Hazardous Materials to be furnished, used, applied, or stored by Contractor, or any of its Subcontractors, in connection with the services on County property. Contractor shall provide County with copies of any such Safety Data Sheets prior to entry to County property or with a document certifying that no Hazardous Materials will be brought onto County property by Contractor, or any of its Subcontractors, during the performance of the services. County shall provide Safety Data Sheets for any Hazardous Materials that Contractor may be exposed to while on County property.

**26. HARASSMENT**

Contractor agrees to make itself aware of and comply with the County's Harassment Policy, TCPR §8102: Harassment, which is available upon request. The County will not tolerate or condone harassment, discrimination, retaliation, or any other abusive behavior. Violations of this policy may cause termination of this agreement.

**27. COUNTERPARTS, ELECTRONIC SIGNATURES – BINDING**

This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ((“CUETA”) Cal. Civil Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

## **28. QUALITY ASSURANCE**

Contractor shall notify County of any and all special incidents involving a County placement within 24 hours of the incident. All special incidents are reviewed by the County Mental Health Department’s Quality Improvement Committee and any recommendations will be forwarded both to the Executive Director of the Tehama County Health Services Agency and the Contractor’s Chief Executive Officer.

Contractor shall furnish County with a copy of its Quality Assurance Policies and Procedures and its Client Complaint/Grievance Procedure within thirty (30) days of execution of this Agreement.

## **29. PERSONNEL**

Contractor shall furnish such qualified professional personnel as prescribed in Title IX of the California Code of Regulations required for the type of services described in Section 1.



All Contractor's personnel (including independent contractors) shall have the appropriate current State licensure required for their given profession. Contractor shall provide copies of current licensure for all clinical staff to County upon County's written request.

### **30. LICENSING REQUIREMENTS**

Contractor shall comply with all necessary County or State licensing requirements and must obtain appropriate licenses and display same in a location that is reasonably conspicuous. Contractor shall abide by the Welfare and Institutions Code, section 5600 et. seq., Title IX and Title XXII of the California Code of Regulations, the State Cost Reporting/Data Collection Manual (CR/DC), and State Department of Health Care Services Policy Letters.

### **31. CULTURAL COMPETENCY**

Contractor shall insure that services delivered under the terms of this agreement reflect a comprehensive range of age appropriate, cost-effective, high quality intervention strategies directed so as to promote wellness, avert crises, and maintain beneficiaries within own communities. Contractor shall make every effort to deliver services which are culturally sensitive and culturally competent and which operationalize the following values:

- a) Services should be delivered in the client's primary language or language of choice since language is the primary "carrier of culture,"
- b) Services should encourage the active participation of individuals in their own care, protect their confidentiality at all times, and recognize the rights of all individuals regardless of race, ethnicity, cultural background, disability or personal characteristics,
- c) Service delivery staff should reflect the racial, ethnic, and cultural diversity of the population being served,
- d) Certain culturally sanctioned behaviors, values, or attitudes of individuals legitimately may conflict with "mainstream values" without indicating psychopathology or moral deviance,
- e) Service delivery systems should reflect cultural diversity in methods of service delivery as well as policy,
- f) The organization should instill values in staff which encourage them to confront racially or culturally biased behavior in themselves and others and which encourage them to increase their sensitivity and acceptance of culturally based differences.

- g) Contractor's staff shall receive cultural competency training and Contractor shall provide evidence of such training to County upon request.

## **32. CODE OF CONDUCT**

Tehama County Health Services Agency (TCHSA) maintains high ethical standards and is committed to complying with all applicable statutes, regulations, and guidelines. TCHSA and each of its employees and contractors shall follow an established Code of Conduct.

**PURPOSE** The purpose of the TCHSA Code of Conduct is to ensure that all TCHSA employees and contractors are committed to conducting their activities in accordance with the highest levels of ethics and in compliance with all applicable State and Federal statutes, regulations, and guidelines. The Code of Conduct also serves to demonstrate TCHSA's dedication to providing quality care to its patients.

### **CODE OF CONDUCT – General Statement**

- The Code of Conduct is intended to provide TCHSA employees and contractors with general guidelines to enable them to conduct the business of TCHSA in an ethical and legal manner;
- Every TCHSA employee and contractor is expected to uphold the Code of Conduct;
- Failure to comply with the Code of Conduct or failure to report non-compliance may subject the TCHSA employee or contractor to disciplinary action, up to or including termination of employment or contracted status.

### **CODE OF CONDUCT** All TCHSA employees and contractors:

- Shall perform their duties in good faith and to the best of their ability.
- Shall comply with all statutes, regulations, and guidelines applicable to Federal health care programs, and with TCHSA's own policies and procedures.
- Shall refrain from any illegal conduct. When an employee or contractor is uncertain of the meaning or application of a statute, regulation, or guideline, or the legality of a certain practice or activity, he or she shall seek guidance from his or her immediate Supervisor, Division Director, the Quality Assurance Manager, the Compliance Auditor, the Assistant Executive Director-Programs, or the Assistant Executive Director-Administration.

- Shall not obtain any improper personal benefit by virtue of their employment or contractual relationship with TCHSA;
- Shall notify their Supervisor, Division Director, Assistant Executive Director-Administration, the Assistant Executive Director-Programs, or Agency Executive Director immediately upon receipt (at work or at home) of any inquiry, subpoena, or other agency or governmental request for information regarding TCHSA;
- Shall not destroy or alter TCHSA information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction.
- Shall not engage in any practice intended to unlawfully obtain favorable treatment or business from any entity, physician, patient, resident, vendor, or any other person or entity in a position to provide such treatment or business.
- Shall not accept any gift of more than nominal value or any hospitality or entertainment, which because of its source or value, might influence the employee's or contractor's independent judgment in transactions involving TCHSA.
- Shall disclose to their Director any financial interest, official position, ownership interest, or any other relationship that they (or a member of their immediate family) has with TCHSA vendors or contractors.
- Shall not participate in any false billing of patients, governmental entities, or any other party.
- Shall not participate in preparation of any false cost report or other type of report submitted to the government.
- Shall not pay or arrange for TCHSA to pay any person or entity for the referral of patients to TCHSA, and shall not accept any payment or arrangement for TCHSA to accept any payment for referrals from TCHSA.
- Shall not use confidential TCHSA information for their own personal benefit or for the benefit of any other person or entity while employed at or under contract to TCHSA, or at any time thereafter.
- Shall not disclose confidential medical information pertaining to TCHSA's patients or clients without the express written consent of the patients or clients or pursuant to court order and in accordance with the applicable law and TCHSA applicable policies and procedures.

- Shall promptly report to the Compliance Auditor any and all violations or suspected violations of the Code of Conduct.
- Shall promptly report to the Compliance Auditor any and all violations or suspected violations of any statute, regulation, or guideline applicable to Federal health care programs or violations of TCHSA's own policies and procedures.
- Shall not engage in or tolerate retaliation against employees or contractors who report or suspect wrongdoing.

### **33. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

The Contractor acknowledges that it is a "health care provider" for purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations. The Contractor agrees to use individually identifiable healthcare information obtained from the County only for purposes of providing diagnostic or treatment services to patients.

Contractor agrees to report to County any security incident or any use or disclosure of PHI (in any form) not provided for by this Agreement. Security incidents include attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. Contractor shall make this report by the next business day following discovery of the use, disclosure, or security incident.

### **34. CLINICAL RECORDS**

Contractor shall maintain adequate records. Patient records must comply with all appropriate State and Federal requirements. Individual records shall contain intake information, interviews, and progress notes. Program records shall contain detail adequate for the evaluation of the service. Contractor agrees that its inability to produce records adequate for evaluation of the service shall constitute ground for audit exception and denial of Contractor's claim for payment for those services. Contractor shall provide monthly reports to the County in conformance with the Client and Service Information (CSI) System as prescribed by the State Department of Mental Health.

If Contractor maintains an Electronic Health Record (EHR) with Protected Health Information (PHI), and an individual request a copy of such information in an electronic format, Contractor

shall provide such information in an electronic format to enable the County to fulfill its obligations under the HITECH Act, including but not limited to, 42 U.S.C. Section 17935(e) and the HIPAA regulations.

**35. MONITORING**

Contractor agrees to extend to the Mental Health Director or designees, the right to review and monitor all records, programs, or procedures, at any time in regard to clients, as well as the overall operation of Contractor's program in order to ensure compliance with the terms and conditions of this agreement.

**36. TRAFFICKING VICTIMS PROTECTION ACT OF 2000**

Contractor and its Subcontractors that provide services covered by this Contract shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C.7104).”

**37. BYRD ANTI-LOBBYING AMENDMENT (31 USC 1352)**

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

**38. HATCH ACT**

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

**39. EXHIBITS**

Contractor shall comply with all provisions of Exhibits A through D, attached hereto and incorporated by reference. In the event of a conflict between the provisions of the main body of this Agreement and any attached Exhibit(s), the main body of the Agreement shall take precedence.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

Date: 6-12-25

COUNTY OF TEHAMA

Jayne S. Bottke  
Jayne S. Bottke, Executive Director

RESTPADD INC., a California S-corporation

Date: 6/10/25

Robert "Kirt" Edgar  
Robert "Kirt" Edgar, RN, BSN  
Executive Director

Jenny Wyer  
Jenny Wyer, Director of Finance

119576  
Vendor Number

Standard Form of Agreement – Services adopted 12/08/22

## Exhibit A

### **INSURANCE REQUIREMENTS FOR CONTRACTOR**

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees, or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations) \$1,000,000 per occurrence for bodily injury, personal injury, and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

#### Automobile Liability

Automobile liability insurance is required with minimum limits of \$1,000,000 per accident for bodily injury and property damage, including owned and non-owned and hired automobile coverage, as applicable to the scope of services defined under this agreement.

#### Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of \$1,000,000 per accident for bodily injury or disease.

#### Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less than \$1,000,000 per claim and \$2,000,000 aggregate on a claims made basis. However, if

coverage is written on a claims-made basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an “occurrence” basis, rather than a “claims made” basis.

#### Endorsements: Additional Insureds

The Commercial General Liability and Automobile Liability policies shall include, or be endorsed to include “Tehama County, its elected officials, officers, employees and volunteers” as an additional insured.

The certificate holder shall be “County of Tehama.”

#### Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of \$25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor’s liability to County and will be the sole responsibility of Contractor.

#### Primary Insurance Coverage

For any claims related to this project, Contractor’s insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor’s insurance and shall not contribute with it.

#### Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that “coverage shall not be reduced or canceled without 30 days’ prior written notice certain to the County.”



### Acceptability of Insurers

Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best & Company's rating of not less than A:VII unless otherwise acceptable to the County. The County reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

### Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

### Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

### Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

### Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

## Exhibit B

### **Rates – Per Patient / Per Day**

County shall pay at the all-inclusive rate of \$1,236.00 per day for Fiscal Year (FY) 2025,2026, \$1,279.00 per day for FY 2026/2027 for each County patient admitted to Contractor's facility, excluding the day of discharge.

The all-inclusive rate, as described above, is to be the only payments made by Tehama County Health Services Agency for inpatient services provided to beneficiaries hereunder.

An additional \$400 per client, per day will be charged to COUNTY for increased levels of observations (Q5 checks) or 1:1 individual care, for Indigent and Medi-Cal patients. All such services are to be coordinated with COUNTY.

The all-inclusive rate, as described above, is to be the only payments made by Tehama County Health Services Agency for inpatient services provided to beneficiaries hereunder.

### **Host County Rate Parity**

Notwithstanding any other provision of this Exhibit "B", in the event that the rates charged by Restpadd, Inc. to Shasta County are adjusted during the term of this agreement (whether increased or decreased), Contractor shall notify County within fifteen (15) days of receiving notice of such adjustment from Shasta County. Commencing thirty (30) days after County's receipt of notice from Restpadd, Inc., County shall compensate Restpadd, Inc. at rates equal to the adjusted rates charged to Shasta County.

*End of Exhibit B*

Exhibit C  
**Scope of Services**

**A. Fee for Service Access:**

Contractor will provide County access to a bed space on a first come, first serve “Fee for Service” basis. County agrees to pay the all-inclusive “fee for service” daily rate as set forth in Section 2 below from the day of admission to the day of discharge.

County is eligible to receive Med-Cal Reimbursement from the State of California, Department of Health Care Services for these bed days. County may place Adult patients at Contractor’s psychiatric health facility (PHF).

The County Adult System of Care will determine the appropriateness of placement based on clinical medical necessity criteria.

**B. Program:**

Restpadd Psychiatric Health Facility operates a Psychiatric Health Facility (PHF) providing therapeutic and rehabilitation services in a non-hospital 24-hour inpatient setting. Services are provided to individuals experiencing an acute psychiatric episode or crisis, whose physical health needs can be met by an affiliated hospital or in an outpatient setting.

The primary focus of the program is continuous diagnostic assessment of the individual’s mental health status, stabilization and maintenance of the mental health condition, improvement of patient’s functioning ability, and transitional planning with appropriate referrals. It is intended for individuals who have a qualified mental health or crisis requiring temporary care in a safe and secure environment.

Restpadd PHF plans to accept “involuntary” and “voluntary” adult patients who are referred from county mental health agencies who meet the admission criteria established for the program. All care provided by the PHF will be pre-authorized by the referring Adult System of Care and subject to utilization review criteria for medical and service necessity.

Patients will be discharged or transferred from this facility when: 1) the patient has successfully completed a treatment plan and no longer meets medical or service necessary criteria, 2) the patient no longer meets criteria for an involuntary hold, or 3) the patient needs a higher level of medical or psychiatric care. It is expected that all patients moving to a lower level of care (e.g. board and care, supervised living, etc.) would be returned to the county of origin for placement or other disposition. County of origin is responsible for transportation at time of discharge based on Medical Provider discharge plan.

Restpadd Psychiatric Health Facility has established relationships with other providers to handle medical care, health emergencies, higher levels of psychiatric care, and other referral needs.

Other than the case of a health emergency, where an urgent referral is needed, Restpadd Psychiatric Health Facility, shall obtain approval of the County contract administrator before referring and transferring the patient to a different placement.

This psychiatric program is designed for the treatment of adult patients, with primary psychiatric diagnosis. The following patients are excluded:

1. Patients who have the primary diagnosis of an eating disorder (anorexia nervosa or bulimia) as defined in Section 1254.5(b) of the California Health and Safety Code.
2. Individuals with major mental disorders will not be admitted if their treatment requires medical interventions beyond the level appropriate to a psychiatric health facility, including:
  - a. Severe withdrawals from substance abuse
  - b. Treatment for substance induced delirium and/or delirium tremens (DT)
3. Disorders caused by chronic organic brain dysfunction.
4. Behavioral, cognitive and/or physical impairment which would render the patient unable to function at a minimally acceptable level within the treatment program, such as a medically unstable patient whose safety requires treatment in a medical surgical hospital.
5. Those who meet criteria for less restrictive treatment.

#### C. Average Length of Stay

The length of stay at the Restpadd PHF is planned to meet the acute psychiatric needs of the patients referred to the program based on medical necessity. Restpadd PHF will accept both patients who meet the admission criteria for the program.

It is expected that many of the patients referred to Restpadd PHF will be on an involuntary hold, which is limited to 72 hours. These patients may receive treatment beyond that time frame if they meet continued medical necessity.

To continue treatment, a patient must either agree to be treated on voluntary basis or must be mandated to continue on an involuntary basis by the proper legal authority. In all cases, individual care will be coordinated with the County Contract Manager. Discharge planning and aftercare will be coordinated with the patient's referring agency/caseworker to ensure post-discharge placement, medication support, and social, vocational, and educational services as appropriate.

Restpadd PHF is responsible for coordinating the logistics for certification review, involuntary medication, and writ hearings. County is not responsible for providing staff for advocacy during these hearings or associated costs for these hearings.

#### D. Admission Process

Upon receipt of physician's orders and signed consent for treatment (or 5150). The patient meeting admission criteria will be completed by a licensed nurse. The physician's admission orders and the nursing assessment then guide the preliminary treatment plan.

#### E. Assessment and Evaluation Procedures

Assessment of all patients begins on admission and is integral to the treatment process. Treatment planning is individualized according to individual needs identified through assessments. Primary assessments include the following:

Psychiatric Evaluation, Medical History and Physical, Nursing Assessment, Psychosocial History, and Recreational Specialist Assessment.

As indicated by patient need, physician and treatment team assessment, the following additional assessments may be provided:

Nutrition Assessment, Other Assessments: Laboratory, radiology, MRI, EKG/EEG, CT Scan, vocational, rehabilitation and other specialized consultations are ordered on an individualized basis to assure optimal utilization of resources. In addition, physician declaration documents will be completed as necessary in preparation for Lanterman-Petris Short (LPS) court proceedings.

F. If a sudden, marked change in client's health or condition, illness, death, serious personal injury or substantial property damage occurs in connection with the performance of this Agreement, Contractor shall immediately notify the County Contract Administrator, by telephone. Contractor shall promptly submit to County a written report in such form as may be required by it of all accidents which occur in connection with the performance of this Agreement. This report must include the following information:

1. Name and address of the injured or deceased person;
2. Name and address of Contractor's subcontractor, if any; and
3. Name and address of Contractor's liability insurance carrier believed to be involved;

*End of Exhibit C*

## Exhibit D

### **COMPLIANCE AND PROGRAM INTEGRITY**

#### **Evidence of Contractual Compliance**

Contractor shall document evidence of compliance with all contractual provisions and provide to County upon request.

#### **Exclusions Checks**

Consistent with the requirements of 42 Code of Federal Regulations, (C.F.R.) part 455.436, Contractor shall confirm the identify and determine the exclusion status of all providers (employees and subcontractors), as well as any person with an ownership or control interest, or who is an agent or managing employee of Contractor through monthly checks of Federal and State databases. The databases to be included are:

- A. The Social Security Administration's Death Master File
- B. The National Plan and Provider Enumeration System (NPPES)
- C. The Office of Inspector General's List of Excluded Individuals/Entities (LEIE)
- D. The System for Award Management (SAM)
- E. The California Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List (S & I List)

Contractor shall retain evidence of monthly checks and provide to County upon request. If the Contractor finds a party that is excluded, Contractor shall notify the County within one (1) business day. Contractor shall not permit an excluded provider to render services to a County client.

#### **Ownership Disclosure**

Pursuant to the requirements of 42 C.F.R. § 455.104, Contractor must make disclosures regarding any person (individual or corporation) who has an ownership or control interest in the Contractor, whether the person (individual or corporation) is related to another person with an ownership or control interest in the Contractor as a spouse, parent, child, or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Contractor has a five percent (5%) or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child or sibling.

The term "person with an ownership or control interest" means, with respect to the Contractor, a person who:

- A. Has directly or indirectly an ownership of five percent (5%) or more in the Contractor; or
- B. Is the owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured in whole (or in part) by the Contractor or any property of or assets thereof, which whole or part interest is equal to or exceeds five percent (5%) of the total property and assets or the entity; or
- C. Is an officer or director of the Contractor if the Contractor is organized as a corporation; or
- D. Is a partner in the Contractor, if the Contractor is organized as a partnership

Contractor will provide County the following disclosures prior to the execution of this contract (and annually thereafter), prior to its extension or renewal (and annually thereafter), and within thirty five (35) days after any change in Contractor ownership:

- A. The name and address of any person (individual or corporation) with an ownership or control interest in the Contractor. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
- B. Date of birth and Social Security Number (in the case of an individual);
- C. Other tax identification number [in the case of a corporation with an ownership or control interest in the Contractor or in any subcontractor in which the Contractor has a five percent (5%) or more interest];
- D. Whether the person (individual or corporation) with an ownership or control interest in the Contractor is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Contractor has a five percent (5%) or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling;
- E. The name of any other disclosing entity in which the Contractor has an ownership or control interest. Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:
  - (1) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
  - (2) Any Medicare intermediary or carrier; and
  - (3) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.
  - (4) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

### **Business Transactions Disclosure**

Contractor must submit disclosures and updated disclosures to County regarding certain business transactions within thirty five (35) days, upon request. The following must be disclosed:

- A. The ownership of any subcontractor with whom Contractor had business transactions totaling more than \$25,000 during the 12-month period ending on the date of request; and
- B. Any significant business transactions between Contractor and any wholly owned supplier, or between Contractor and any subcontractor, during the 5-year period ending on the date of request.

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### **Persons Convicted of Crimes Disclosure**

Contractor shall submit the following disclosures to County regarding Contractor's management prior to execution of this contract and at any time upon County request:

- (A) The identity of any person who is a managing employee of Contractor who has been convicted of a crime related to federal health care programs. [42 C.F.R. § 455.106(a)(1), (2).]
- (B) The identity of any person who is an agent of Contractor who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 C.F.R. §455.101.

### **Criminal Background Checks**

Contractor must require providers (employees and contracted) to consent to criminal background checks including livescans pursuant to 42 C.F.R. 455.434(a). Upon DHCS' determination that Contractor or a person with a five percent (5%) or more direct or indirect ownership interest in Contractor meets DHCS' criteria for criminal background checks as a high risk to the Medicaid program, Contractor's providers (employees and contracted) must submit livescans pursuant to 42 C.F.R. 455.434(b)(1).

*End of Exhibit D*